



NDIS GUIDE FOR ANGELMAN SYNDROME

GENERAL INFORMATION ABOUT THE NDIS

The National Disability Insurance Scheme (NDIS) aims to raise awareness, change attitudes, and support people with disability to participate meaningfully in the community through social and economic activities. It is established to help people with disability to live an ordinary life. The Commonwealth National Disability Insurance Agency (NDIA) administers the NDIS.

The NDIS assists individuals with disability up to the age of 65 to improve their capacity to participate in the community and workforce. It helps those people:

- *Have access to mainstream supports*, including access to the health systems, education, public housing, the justice system and aged care.
- *Have access to community supports*, including access to community sport clubs, community groups, libraries, and charities.
- *Keep up your informal support*. These are unpaid supports received from family and friends that are generally part of most people's life.
- *Receive reasonable and necessary funded supports*. This means supports related to the disability that are needed to achieve goals and have an ordinary life.

The role of the NDIS

Providing individualised funding support to people who have met the access criteria.

The NDIS provides reasonable and necessary funding to individuals with permanent and significant disability to access support and services needed for an ordinary life.

Every NDIS participant should have an individual plan that outlines the goals they want to achieve and the funding they have received. NDIS participants use their funding to purchase supports and services that will help achieve their goals. Goals could include things like getting a job, making friends or participating in various activities in the community.

How is the NDIS different to previous system of funding?

In the previous model most funding was given to service providers. Families were restricted to using the services they were zoned to or those who received their block funding. Under the NDIS, the funding goes to the participant. This allows choice and control for families to purchase the products, services and supports that meet their goals. It allows for a nationally consistent approach to disability support, and promotes high quality and innovative supports.

The NDIS provides participants with:

- Freedom to make decisions and choose the products, service and support that meet goals rather than relying on supports offered by providers/funders.
- Control over providers and services needed to achieve goals.
- Choice over providers based on what is needed and preferred.
- Supports provided are based on social and economic goals.

Reasonable and necessary support

The NDIS funds reasonable and necessary supports that help a participant to reach their goals, objectives and aspirations in a range of areas such as employment, social participation, independence, living arrangements, and health and wellbeing.

The NDIA make funding decisions based on the NDIA Act 2013, plus operational guidelines. In order to be considered reasonable and necessary a support must:

- Be related to the participant's disability.
- Not include everyday living costs that are not related to the disability.
- Represent value for money.
- Be likely to be effective and help to achieve goals and meet needs.
- Consider informal support from other areas including family, caregivers and the community.

Supports that will NOT be funded by the NDIS include supports that are:

- Not related to the participant's disability.
- Funded by other government means i.e. health system or education system.
- Likely to cause harm to the participant or pose a risk to others.
- Day to day living costs that are not related to the participant's support needs e.g. food, clothing or rent.

In the majority of cases a participant's NDIS plan will provide funding for one year and be reviewed on an annual basis. For a small number of cases, plans can be six months in length (for those experiencing a period of changing circumstance or reaching a milestone and needing extra support, such as transitioning to a new environment). For adults who are settled e.g. in a day care program, it is likely the NDIS will move towards giving two-year plans. The amounts funded will change from year to year as needs and goals change.

The NDIS's Early Childhood Early Intervention (ECEI) approach supports children aged 0-6 years who have a developmental delay or disability and their families/carers. The ECEI approach supports families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life.

The NDIS has engaged Early Childhood Partners around Australia to deliver the ECEI approach. Early Childhood Partners are experienced in providing early childhood intervention.

NDIS Access Criteria

To become a participant, information about the disability and how it affects daily life must be provided to the NDIA who makes an access decision based on:

1. *Age*. Must be younger than 65 years old on first application.
2. *Residency*. Must live in Australia, be an Australian citizen, hold a permanent visa or a Protected Special Category Visa and live where the NDIS is available.
3. *Disability*. Have a disability that is likely to be lifelong and substantially affects performance of everyday activities or is a developmental delay.
4. *Early intervention*. Children under 6 years old with developmental delay (including Angelman Syndrome) are assessed under early intervention criteria. If the disability is likely to be permanent but can be improved by getting additional supports now (and therefore less in the future), they are eligible.

ANGELMAN SYNDROME AND THE NDIS

About Angelman syndrome

Angelman syndrome (AS) is a rare genetic disorder characterised by developmental delay, absence of speech, seizures, and motor planning and intellectual challenges. People with AS are eligible for the NDIS as:

- AS causes one or more intellectual, cognitive, neurological, or physical impairments.
- The impairments contribute to reduced capacity and psychosocial functioning to communicate, perform self-care and self-management.
- AS affects the person's capacity to participate in social and economic activities.
- People with AS are likely to require support under the NDIS for their lifetime.¹

BECOMING A PARTICIPANT OF THE NDIS

People already using disability services such as Home and Community Care (HACC), Early Childhood Intervention Services (ECIS), Student Transport, Disability Support Register (DSR), Supported Accommodation, and Individual Support Packages (ISPs) are considered eligible for NDIS and their details will be passed from DHHS to NDIA.

These families will automatically receive a phone call from NDIA to start the Access process. During this call personal details and the disability are confirmed. An Access Request Form will then be sent. If families already have supporting information proving the disability, its functional impact and that it is lifelong, then this information can be sent to NDIA instead of completing the Access Request Form. This supporting documentation could include paediatrician letter, therapy report, psychologist report, or genetic diagnosis.

¹ Adopted from the [National Disability Insurance Scheme Act 2013](#).

People who don't use any disability services will have to apply to be eligible.

1) The NDIS Access Checklist

The [Checklist](#) helps identify if someone is eligible for the NDIS. It has questions related to residency, age, the disability, and needed supports from a person or equipment to perform daily activities.

By answering 'yes' to all questions, you can access the *Access Request Form*.

If the Checklist suggests a person with AS is not eligible for the NDIS, contact your Local Area Coordinator (LAC).

2) The NDIS Access request

Upon successful completion of the Checklist you can then call the NDIS on **1800 800 110** to ask for the Access Request Form. You can also this form by visiting www.ndis.gov.au, or visiting an NDIA/LAC office.

AS families confirm they received the from several sources:

- *By calling the NDIA to request it;*
- *Provided by service providers;*
- *By visiting the NDIA website;*
- *The NDIA contacted AS families directly to provide the form; or*
- *State level disability services provided the form.*

When starting an access request over the phone, you will need to give information to help the NDIA make an eligibility decision. You will be asked this information about the person with AS:

1. Name, date and place of birth, age, residential address, and citizenship status.
2. Evidence of age and residency.
3. Evidence about the disability, whether it affects everyday activities. This includes information on AS, how long it will last (*Yes, families are still asked to answer this question despite it being 'lifelong'*) and its impact on daily life. This information is essential to provide evidence of required support.
4. Relevant reports from medical specialist or allied health professionals to send in with the Access Request Form.
5. Whether you nominate other people to provide information about the disability (e.g. Centrelink, your doctor or another person).

Families advise they have provided the following to prove eligibility:

- a) Allied health reports;
- b) Genetic testing results;
- c) Diagnosis letter;
- d) Letter from doctor stating diagnosis and other important aspects; and
- e) Specialist letters.

After providing this information, the NDIA will decide about access eligibility and send an 'access decision' letter. Families advise that the NDIA responds to access requests for AS *between a week to three months*.

NDIA will contact you to organise a planning meeting to discuss needed supports.

There are no known examples of individuals with AS being told they are ineligible for the NDIS. If this occurs, you can ask for a review of the access decision. If you disagree with the review, you can apply for a review by the Administrative Appeals Tribunal.

NDIS PLANNING PROCESS

Families advise that the *NDIA takes 1 to 6 months to have the first planning meeting*. While waiting for the meeting, prepare a list of things you want the NDIS to assist with.

Pre-planning and Goal setting - Complete a Participant Statement

This consists of three parts:

- 1) About Me- Where I live and the people who support me, My Daily Life
- 2) My Goals- Short term and Long Term
- 3) My Supports- Family and friends, informal supports and community and mainstream supports

See **Appendix 1** for AS Participant Statement examples.

Keep to the point and keep Part 1 to one page in length. It is a good idea to complete the statement before your planning meeting and email it to your planner with a photo or video of the participant.

You need to know the goals to be included in the plan. Goals are different for each person based on their individual situation, function, capacity or circumstances. A goal may relate to:

- Everyday activities;
- Maintaining current life activities;
- Maintaining roles and responsibilities; and
- Something aspirational.

Discuss what is needed before the meeting with family, friends and carers. Consider:

- What support is needed to do every day activities?
- How should life be like in a few years?
- How can the NDIS help?

Goals will be divided into short-term (can achieve in 12 months) and long-term (many years). Think about what should be achieved, why and by when. Focus on 2

short-term goals for your first planning meeting, and 2 or 3 long-term goals. Any funds you ask for must be related to these goals, therefore make broad not narrow goals.

The following are examples of the long-term goals of people with AS that have been accepted by the planner:

- To develop communication/to improve communication (to express needs and wants within the community);
- To have the same experience that anyone else at the same age would have;
- To increase social networks;
- To live independently/to improve independence;
- To maintain mobility/to move independently;
- Increase independence in all aspects of life;
- To have opportunities to live a better life;
- To increase community access;
- To improve living skills; and
- To improve safety.

If assistance is need for pre-planning, most disability and therapy provider organisations in each state and territory can assist.

Some AS families feel dissatisfied with their first planning meeting because the planners did not understand AS and the level of support someone with AS requires. Those families suggest that thorough preparation of pre-planning documents including goals that address the principle of reasonable and necessary support as well as choice and control is important. This helps NDIA planners understand the support needs (from a contemporary and individual perspective).

Planners will consider support that will help:

- Pursue goals and aspirations;
- Increase independence; and
- Participation in employment or community activities.

Together you will discuss informal, community and mainstream supports. Informal supports could include family and friends, mainstream support could include paediatrician, GP, Specialist school, and community services could include church, support groups or sporting clubs. The supports you list here should NOT be funded by DHHS.

Be aware that language is important. Planners need to work within their legislated frameworks. It is recommended to frame things in this way: 'Johnny needs capacity building supports in order to aid his social participation'.

It is necessary to decide how you will manage the plan (NDIA, Plan or Self-manage) and if you want to request Support Coordination. You will need to provide the name of the organisations for Plan Management and Support Coordination at the meeting.

In addition to the information you provided in the participant Statement, the NDIS plan will detail the reasonable and necessary supports budgets funded by the NDIS, and how support will be managed/paid for.

An NDIS plan has three support budgets:

1. Core budget

Core budget is flexible i.e. a participant may choose how to spend their core funding within this category but cannot reallocate it to Capacity or Capital budgets. It is divided into four support categories:

- Consumables includes purchasing items that are used every day such as continence aids. AS families advise they receive between \$2000-\$14,000 for consumables per year depending on the level of continence support required.
- Daily living activities include support for self-care activities (day and evening). There are standard needs and high intensity needs pricing levels. For Angelman syndrome higher intensity support can be requested because individuals with AS require frequent assistance to manage challenging behaviour, and/or continual support due to frequent seizure activity. Some AS families advise they receive up to \$70,000 for daily living activities per year.
- Assistance with social and community participation, include improving capacity of participants to engage in social or recreational activities. This can be centre based, or in the community. Again, there are standard needs and high intensity need pricing levels, and for group-based activities there are different staff: participant ratios. For Angelman syndrome a high intensity ratio is recommended due to assistance required for behaviour management, communication, personal care and mobility.
- Transport, if participants can't use public transport because of their disability, is to enable access to the community for educational, recreational and vocational purposes. Some AS families advise they receive up to \$2,500 for annual transport. If families are receiving the mobility allowance from Centrelink that will cease once you have an NDIS plan, so it is critical to make sure transport funding is included. See **Appendix 4** for the NDIS transport fact sheet.

AS families advised they receive total funding for core supports between \$45,000 and \$150,000.

2. Capacity building budget

Funding for capacity building is allocated across 9 support categories matched to participant's goals in their plans. Funds can be used to purchase individual support within its category but cannot be changed between categories which include:

1. Coordination of supports; assistance to strengthen ability to connect to and coordinate supports.
2. Improved Daily Living Skills; therapy to increase capacity for everyday activities; assessments e.g. continence nurse, OT, speech and physio; training of staff and family to do therapy; assistance with transition; counseling; ECEI supports. AS families advise they receive around \$10,000-15,000 in this category.
3. Finding and keeping a job (e.g. employment related assessment and counselling).
4. Improved Health and wellbeing (e.g. exercise physiology, dietician).
5. Improved Living Arrangements (e.g. support for proper accommodation). Some AS families advise they receive up to \$75,000 for accommodation.
6. Improved learning (e.g. assistance for further education).
7. Improved Relationships (e.g. behaviour management plan, training in behaviour management).
8. Increased Social and community participation (e.g. life skills, vacation care, training to use public transport and developing skills for community and recreational participation). Some AS families advise they received \$5,000 for community participation.
9. Improved life choices- plan management which acts as financial intermediary to engage and pay for supports.

It is important to note that the intent of the NDIS is not to fund health supports as the NDIS deals with the impact of a person's impairment on their functional capacity and daily living. However, disability and health are interlinked. For participants who may require health diet advice, it is recommended that they familiarise themselves with the NDIS Price Guide and the Dietician's Association of Australia statement on Dietician Services and the NDIS.

3. Capital support budget

Includes assistive technology and home modifications. Quotes from suppliers are required for high values items e.g. wheelchairs, beds, standing frames and most home modifications. The capital support budget has two sub-categories:

1. Assistive technology. This can include equipment for mobility and personal care e.g. mobile shower commodes, helmets, Theratogs, orthotics; equipment for communication, and recreational equipment e.g. wheelchairs and vehicle modification.
2. Home modification e.g. bathroom grab rail and ramps.

It is advisable to refer to NDIS Assistive Technology guide to see how supports are listed and which items need quotes:

<https://www.ndis.gov.au/medias/documents/hf5/hae/8800885211166/AT-and-consumables-guide.pdf>

Planning meeting and conversation

Once accepted into the scheme, an invitation will be sent to meet with the NDIA or your local area coordinator (LAC) as part of the planning process. A planner will arrange to meet at a time and place that is convenient for participants (their families, advocates or representatives). At this meeting, there will be a conversation about the life of a person with AS. The planners use goal-based approaches to gain a rich understanding of participants, lifestyles, goals and support needs.

AS families advise to attend the planning accompanied by a family member, friend, or advocate who knows the process to help guide the conversation, translate any unfamiliar terminology and ensure that all points have been stated. Many families also brought the individual with AS to the meeting. Other families showed a video of the individual with AS to the planner. All of these approaches can help increase the planner's understanding of AS.

Planning meetings may occur over the phone or face-to-face, however most people advise to attend the meeting in person. The meeting can occur at the NDIA office, LAC office, or at home. Most families preferred the planning meeting to be at home.

Documents to prepare and bring to the planning meeting

To help the planner have a better understanding of the support needs of people with Angelman syndrome during the planning meeting, AS families suggest preparing and bringing the following documents:

- Participant Statement
- NDIS workbook, e.g. Association for Children with a Disability have a comprehensive booklet at <https://www.acd.org.au/ndis-support/ndis-planning-workbook/>
- Carer's statement or Family statement
- Daily/weekly roster (what a typical day looks like broken down into 1-hour increments)
- Letters from paediatrician
- Service provider reports
- Reports from therapists (e.g. speech therapist, occupational therapist, physiotherapist)
- Quotes and progress reports
- Reports from specialists showing daily activities of a child with AS
- A list of all medical, allied health and supports and people involved in the participant's life

- Justifications for any specific requests (must outline the activity and how it will relate to their goal)
- Report from other health professionals as appropriate to the AS individual (e.g. psychologist, chiropractor, etc.)

These documents will also be the supporting evidence the NDIA use to determine whether your requests are reasonable and necessary. It is a good idea to email all this documentation to the LAC before the meeting.

Questions you will be asked during the meeting

Your planner will either read questions from a computer program for you to answer, or some experienced planners will answer them for you after an in-depth conversation with you about your family member. Remember to think about your answers carefully and consider your family member's function and capacity when having a difficult day.

See **Appendix 2** to familiarise yourself with the types of questions you may be asked.

Developing the plans and considering how to manage the supports

Using the information provided during the planning meeting, the planner will identify the supports that best suit the needs of the person with AS to help them achieve the goals and write that in a plan.

The planner will discuss the preference for managing funded supports. There is choice and control of how supports are given and which service providers to use. Families can choose one or a combination of methods to manage their plan:

1. Self-managed funds. This allows the most independence, control, flexibility and accountability to manage supports. You are responsible for purchasing supports in your budgets that will best help to achieve agreed goals.

You manage all the administration- setting up the service agreements with the service providers, payment of invoices, seek reimbursement from NDIA, retain all invoices, budget the funds to last the year, and may be audited by the NDIA. You must have the time to be able to administer and manage the plan.

AS families advised that self-management of funding supports had these benefits:

- Can use providers that are not registered with the NDIA;
- Can change providers easily;
- Can increase/decrease number of sessions in different areas;

- Can adjust core support at home rather than having regular respite booked;
 - Can employ support workers directly.
2. Plan-managed. The plan manager pays for the invoices, keeps track of funds by providing a monthly statement and claims from the NDIA on your behalf. Families choose their plan manager, and work with them to choose providers who are registered or unregistered with the NDIA. A plan manager is funded in the plan under *Improved Life Choices* category in Capacity Building budget .
 3. NDIA-managed (Agency-managed). You must confirm that supports have been delivered and NDIA will pay invoices and provide monthly reports. Must choose from NDIS registered providers, and the provider claims payment from the plan's funding.

There are a range of different options used by AS families for plan management. Many AS families decide to self-manage their plans. Some choose NDIA managed, some prefer plan-managed and other choose a combination of self-managed and NDIA/plan-managed.

Support Coordination is assistance to start the plan, monitor the plan, help you find service providers, and address any barriers that arise. This support is often only funded in the first plan, after which time it is deemed that the family has supports in place and understand the NDIS service delivery environment and processes.

AS families report that for child participants the amount of support coordination funded varies from 6-40 hours for the year, and for adult participants 40-100 hours for the year. Some families report they were not funded for Support Coordination, especially when they had opted to 100% self-manage their plan.

If you don't receive Support Coordination, the LAC will help you to implement your plan.

Families must attend the pre-planning meeting with the name and contact details of their proposed plan manager, and support coordinator if requesting these supports.

Implementing the plans

You will receive a hardcopy of the plan and a copy within the NDIS portal.

Once the plan is accepted, it is time to put it into action. The NDIA and others can help you implement the plan.

You can start the plan yourself if you are self-managed or with support from a LAC or an early childhood partner (if the participant is a young child). Some people may

have a support coordinator funded in their plan to help them get started. To start the plan:

- Read and understand the plan and its supports. An NDIS plan has three support budgets: core, capital and capacity building. Reasonable and necessary funding is provided under each budget depending on the support needs. You need to “unpack” the annual lump sum back to a weekly budget.
- Register for *myGov* and link it to the NDIS participant portal *myplace*. In *myGov*, there are guides to help access and use *myplace* to link account to the NDIS.

You can ask help with this process from the person supporting you to start your plan. Enter your surname and date of birth in *myGov* to activate *myplace* portal using the activation code sent to you.

- Connect with the person who will help start the plan. Meet or talk over the phone to the LAC, support coordinator or an early childhood partner (for young children) to get plan started or start the plan by yourself if the plan is self-managed.
- Ensure you have opened a bank account in the name of the participant.

Appendix 3 provides examples of funded supports in plans of Angelman syndrome families. Remember the level of funding depends on the participant’s function and capacity, and the goals set for that plan. Therefore there will be a variety of levels and types of funding for families with Angelman syndrome.

Tips from AS families about the NDIS process

- It is important to seek help from someone who has a good understanding of the NDIS systems and the terminology and can help through the pre-planning to improve the opportunity to get supports and equipment.
- Request to join, and take time to read through the comments posted on the ‘NDIS and AS families’ Facebook closed group, and speak to other AS families with NDIS plans.
- Be well prepared. Make sure your funding links to your goals, know the term used, and spend time getting all quotes and supporting letters.
- It is useful to look at the NDIS price index guide whilst working out the funding you want to apply for.
- There are a number of Facebook groups about the NDIS including “NDIS Grassroots Discussion”. There are state groups e.g. “NDIS in Victoria”.
- NDIA have a Facebook page (www.facebook.com/NDISAus/) which is worth following because they post up to date information about NDIS processes.

Useful links

<https://www.ndis.gov.au/families-carers.html>

<https://www.ndis.gov.au/people-disability/fact-sheets-and-publications.html#participant>

<https://www.ndis.gov.au/providers/pricing-and-payment>
<https://www.ndis-service-providers.com.au/>
<http://www.carersvictoria.org.au/NDIS>
<https://www.endeavour.com.au/ndis>
<https://www.acd.org.au/ndis-support/>
<https://positivespecialneedsparenting.com/ndis-parental-responsibility/?fbclid=IwAR3nQzNR8rgpPp2Xs7UWX-KZn9 thUrse6BQs8VENUVyJFQOrt0ikJ6ah40>
<https://www.facebook.com/TheGrowingSpaceAustralia/>

Plan Reviews

A review of a plan by an NDIA delegate occurs in three ways:

- As part of the planning cycle- the review occurs before the review date in the plan or because the circumstances for a review set out in the plan have occurred
- When a participant requests a review and the delegate agrees to that review
- When a delegate decides to conduct a review on their own initiative

Plan review as part of the planning cycle

Plan reviews are a normal part of the NDIS. Your plan review will help you to measure your progress against your personal goals, explore new goals and identify any changes in your life. During your plan review, you will be able to provide feedback on what supports are working for you and how you are progressing in achieving your goals. You may want to continue to work on existing goals or choose one or more new goals.

Your first plan review will take place after your first 12 months in the Scheme. Towards the end of your first year as an NDIS participant you will be contacted to prepare for the review of your NDIS plan.

It is important that you are aware of the length of your plan and when it is due for a review. You can find this information on your plan in the myplace participant portal. You may be contacted four to six weeks prior to end of your plan. If you have not been contacted and your plan is due for a review in less than two weeks you can contact your ECEI partner, LAC, Support Coordinator or call 1800 800 110.

Your plan review will be conducted by either a LAC or NDIA planner (if 7-65 years) or ECEI partner (under 7 years). You can bring a family member/support person to your plan review. Plan reviews are conducted in a number of ways including a face-to-face meeting or over the phone depending on your preference. Again it is recommended by Angelman syndrome families to meet face to face.

To prepare for your plan review you can work with your ECEI partner, LAC, Support Coordinator (if you have one), friend or family member. You could consider taking photos of your family member working towards/ achieving some of their goals e.g. accessing the community, using communication aid, doing personal care. You could include reports from service providers and/or therapists outlining any progress in relation to goals in the current plan. You could include recommendations from these professionals for additional supports needed for existing or new goals.

In some cases the person you had your plan review conversation with will be able to approve the plan, while in other cases they will need to ask a NDIA delegate to review and approve the plan. If there are changes to the funding in your plan your NDIS representative will have a conversation with you to explain the changes. Once your plan is approved, your plan details and funding will be updated in the NDIS myplace participant portal and a copy of the plan will be sent by either email or post.

Note– if you have any unspent funding in your plan, this does not roll over to the next plan. The new funding will replace the existing funding.

Plan utilisation rates are low (people spend much less than is allocated in the plan). NDIS Quarterly reports state that plan utilisation is around 65%. It is suggested that the low rate is due to the significant number of people on their first Plans because it takes time to familiarise with the NDIS and decide which supports to use. However, this is also because there are sometimes not enough service providers available in newly rolled out areas. You can state this at your next planning meeting if you have unused funds for this reason. Families could otherwise expect that future plan reviews will involve reducing unused funding amounts for certain categories. It is a good idea to decide which service providers you would like to use while you are waiting for the plan to come back from the NDIA, you could even make tentative appointments.

Plan review if your personal circumstances change

If your personal circumstances change significantly and this affects the supports you need from the NDIS, you can request a plan review at any time by completing the change of circumstances form. You can download the change of circumstances form at <https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/change-circumstances.html>.

For example, you must tell the NDIA if:

- Your disability support needs change
- Your informal care arrangements change significantly
- You apply for, receive, or are entitled to compensation for injury
- You plan on moving (or have moved) house
- You plan on moving (or have moved) overseas, or

- You plan on moving (or have moved) permanently into aged care residential accommodation.

Let the NDIA know as soon as reasonably practicable after you become aware that a change of circumstances has happened or is likely to happen.

A review if you are unhappy with the plan

If you are not happy with the level of funding in the plan and wish to have it reviewed, you can still start spending the funding already granted.

Light Touch Review- an informal process

If you notice something that should have been included in the plan that you have already provided evidence for or discussed during meeting, contact your LAC immediately. They may be able to secure that extra funding via discussion with the original NDIA delegate/planner and update the plan accordingly e.g. listed as NDIA managed when it should have been listed as Plan Managed, or equipment repairs under Assistive Technology have been omitted. There is a window for changes without having to go for formal review, this is called a "Light Touch Review".

Formal Review- NDIS Internal Review process

A formal review must be requested within 3 months of receiving the plan.

Reviewable decisions include:

- A decision not to grant access to NDIS
- Reversal of a person's status as a Participant
- Decisions relating to the plan e.g. type of support/ assistive technology not included
- Decisions relating to appointment of nominees

Who can apply for a review of decisions?

- Prospective participant in the case NDIS eligibility has been declined
- Participant
- People with/who seek to have parental responsibility
- Nominees/ who seek to become nominee e.g. a nominee for adult with AS

Internal Review Process

- Request a review in writing, by phone, by email or speak to someone at your local NDIS office.
- Explain why you think the decision is incorrect

- iii) Provide any new or additional evidence/material that something was overlooked
- iv) Review must commence within 28 days and be completed “as soon as is practicable”

Many AS families advise that a formal plan review has been required and this has been a lengthy process, sometimes up to 6 months.

Administrative Appeals Tribunal (AAT)- External Review of NDIS decisions

If you are unhappy with the decision made at the Internal Review, you have 28 days to appeal this decision via the AAT. The AAT cannot review a decision until you have had an internal review. The AAT has the power to examine a wide range of decisions made by the NDIA, however they cannot review every decision that the NDIA makes. They can only review a decision if the NDIS Act states that they can. When the NDIA gives you a decision, they must tell you if the AAT can review it.

Some of the decisions the AAT can review are:

- a decision that a person does not meet the access criteria
- a decision to approve the statement of supports in a participant's plan
- a decision not to review a participant's plan
- a decision to approve a person or entity as a registered provider of supports
- a decision to revoke an approval as a registered provider of supports
- a decision to make, or not to make, a determination about who may do things on behalf of a child
- a decision to make, or not to make, a determination that a person has parental responsibility for a child
- a decision to appoint a plan nominee or a correspondence nominee.

You can contact the ATT if you are not sure whether they can review your decision.

AAT process

- i) Apply for a review online, using the application form, or in writing (post, email or fax). There is no application fee.
- ii) AAT schedules a case conference
- iii) If the complaint has not settled you are referred to Conciliation
- iv) If the complaint has not been settled you are referred for a Hearing
- v) A final decision is made by AAT

If you are still unhappy with the AAT decision you can apply in Federal Court.

See the link for more information on the AAT process

<http://www.aat.gov.au/applying-for-a-review/national-disability-insurance-scheme-applicants/applying-for-review>

Resources to help with the review process

National Disability Advocacy Program (NDAP)- a network of 118 agencies across Australia who provide a broad range of advocacy services including providing support for Internal Review and External Reviews of NDIS decisions. The services are free of charge. There are two main types of assistance available for NDIS appeals:

- Access to a skilled advocate who acts as a support person
- Access to legal services, where a case raises complex/novel issues e.g. going to AAT

The role of the NADP Support Person during the External Review Process:

- Explain the review process including the AAT appeal process
- Assist with preparation of documents
- Provide advice and skills to self-advocates
- Attend AAT to help put forward the case

Appendix 1 - AS Participant Statement Examples.

Sample 1:

Lucy Jones NDIS number 0000000000 8th November 2018

Part 1: About me

Where I live and the people who support me

Lucy lives with her Mother and Father and younger brother Matt (seven years old), who also has Angelman syndrome in a rented house. Lucy's extended family all live overseas. Lucy's father works long shift work hours including weekends and public holidays and often attends international and interstate meetings. Lucy's father has his own health issues. Lucy's mother is full time carer to Lucy and Matt, and also has her own health issues. Lucy needs 24/7 close supervision and care.

Lucy looks forward to accessing the community with two volunteers who have been part of her life for five years.

My daily life

Lucy attends xxxxx Specialist School fulltime using the special school bus service.

Lucy has a social, curious and active personality and enjoys accessing the community at camps in school holidays and recreational days. She enjoys accessing new activities with her peers, and is increasing in her confidence and making friendships.

Lucy enjoys her weekly one on one swimming lessons and special needs gymnastics lessons, and is demonstrating improved body awareness, and motor planning.

Lucy is supported for 17 hours per month, and an extra 6 hours per week in school holidays, by a support worker to help with personal care/independent living skills.

When Lucy had Better Start funding in place, she accessed speech therapy to improve her communication skills, occupational therapy to improve her independent living skills, and physiotherapy to improve her balance, co-ordination and posture. She made progress in all areas.

Lucy enjoys swimming, playgrounds, soft playcentres and trampoline centres. She loves being outdoors, at the beach or in the park. To ensure her safety when Lucy travels by car she uses a Houdini harness and buckle guard. At home she enjoys any play that is sensory and messy.

It is important to Lucy to access the community every day and participate in a variety of activities. This is often difficult due to her lack of speech, behaviours of concern, the level of training of the supplied support workers and the fact she tires easily due to her abnormal posture and motor function. Lucy's behaviours of

concern increase when she is frustrated, when others can't understand her, when she is inactive, or she is sick.

Part 2: My goals

My First Goal is:

During this plan: Goal identified by Lucy's family:

To participate in recreational activities with my peers in the community during the week, at weekends and school holidays in order to develop independence, communication skills and friendships.

(Relates to Core support- Daily Living- Assistance with social and community participation; Capacity Building- Improved Relationships)

My Second Goal is:

During this plan: Goal identified by Lucy's family:

To improve my health and wellbeing and be supported appropriately and safely so I can participate in family activities and be able to visit my family overseas.

(Relates to Capacity building- Daily Living- Improved Daily Living Skills, Improved Health and Wellbeing, Increased Social and Community Participation; Capital-Daily Living- Assistive Technology)

My longer-term goals and aspirations are:

Goal: To develop my independent living skills and personal care skills so I can become more independent of my family whilst being supported by appropriately well-trained staff.

(Relates to Core-Daily Living- Assistance with Daily Life, Consumables; Capacity Building- Improved Daily Living Skills)

Relates to: Improved Daily Living Skills

Goal: To be able to communicate with people in the community and my peers independently of my family

(Relates to Capacity Building-Daily Living- Improved Daily Living Skills; Capital-Daily Living- Assistive Technology)

Relates to: Improved Daily Living Skills

Goal: To be able to attend a fun mainstream community group and to be understood and included by those around me

(Relates to Core support- Daily Living- Assistance with social and community participation; Capacity Building-Daily Living- Improved Daily Living Skills; Capital- Daily Living- Assistive Technology)

Part 3: My supports ---**My informal Supports**

Mother Xxxx and Father Xxxx

Services and community groups: My community and mainstream supports

Specialist School, Medical Specialists at Children's Hospital, Paediatrician Dr Xxx

Charlie Bond NDIS number 0000000000 20th November 2018

Part 1: About Me

Where I live and the people who support me

Charlie is 16 years old and lives at home with his parents and brother Xxxxx in Xxxxx. Being with family and being involved in family life is very important to Charlie. Charlie attends Xxxxx Special Developmental School and is currently in year 10. He enjoys going to school and is well liked by the other students and teachers. Charlie's favourite things to do are watching videos on his iPad, swimming, music, going for drives, exploring new places and meeting new people.

Charlie is a very kind and loving young man with a wicked sense of humour. He has extremely high communication and behaviour support needs. He cannot speak and communicates mostly through his actions and emotions and is dependent on others to interpret what he is trying to say. Because of his lack of speech his receptive language is often underestimated, and it is very important for Charlie that people communicate with him with the assumption that he can understand them. At school and at home Charlie is learning how to use alternative methods of communication such as aided language displays and ProloQuo2Go on the iPad.

Charlie requires support, guidance and often physical assistance in all areas of his life to ensure all his daily living needs are met and to ensure his safety both at home and in the community. These include feeding, dressing, personal grooming, bathing, toileting, transport and communication. Charlie also requires some physical assistance at times. Due to these high support needs Charlie needs constant supervision and cannot be at home by himself.

Charlie's daily living supports are primarily provided by his parents. Charlie's Dad has a busy job and is often away for work for days at a time during the week, so Charlie's mother provides most of his care support. Charlie is very emotionally dependent on his Mum. His brother Xxxxx provides support sometimes but has his own life and his parents are mindful of maintaining a typical sibling relationship.

Charlie's parents are strong advocates for inclusion and have expectations that the supports Charlie receives through the NDIS assist in enabling him to participate and contribute in family life and the broader community in a similar manner to his brother and other children his age.

My Daily Life

Charlie is in year 10 at Xxxx Special Developmental School. He started there this year and although it took a little while he has settled in well. He enjoys traveling to school on the special transport school bus which picks him up and drops him off at home. After school Charlie enjoys coming home, having something to eat and relaxing after his usually busy and long school day. This usually involves watching

videos on his iPad or swimming in his pool if it is a hot summer day. Some days he accompanies his Mum to the shops or to pick up his older brother from his after-school activities.

On the weekends Charlie typically goes out with Mum on both Saturday and Sunday for a long drive or walk or a trip to the local shops. Charlie and Mum are often alone at home at the weekend as Charlie's Dad sometimes is away for work or has weekends away with his brother Xxxxx. Every second Saturday Charlie goes out into the community with his support worker Xxxxx from the local council. They go and watch local sports matches, watch the airplanes take off and land at the airport or go to the local shopping centre for a walk, all activities that Charlie enjoys. On most Sundays Charlie's family has their very close friends Xxxxx and Xxxxx and their daughters over for dinner.

During the school holidays Charlie usually goes out with Mum most days for drives or a walk or trips in the local community. Charlie used to attend and enjoy a local school holiday program until he got too old. Charlie has tried going on holiday camps a couple of times but whilst he enjoyed the activities during the day, he was too anxious about staying overnight and had to be taken home early.

Part 2: My Goals

My first Goal is:

For Charlie to be supported to be able to continue to live at home with family and learn new skills that will help reduce his need for support from his family.

My second Goal is:

For Charlie to be supported to improve his community access and participation at weekends and during school holidays so he can explore and develop personal interests and grow a network of support outside his family.

My Longer-term Goals are:

Goal: For Charlie to be supported to improve his self-care skills including regulating his anxiety in order to increase his independence in daily living.

(Relates to: Daily Life)

Goal: For Charlie to be assisted to continue to identify opportunities and activities that will provide him with best options Post School to be included to meaningfully participate in family life and in the broader community.

(Relates to: Learning)

My Informal Supports

Parents Xxxx and Xxxx, Brother Xxxxx

Close family friends Xxxxx and Xxxxx and their family

My Community and mainstream Supports

School: xxxxx SDS, GP: xxxx xxx, Neurologist: xxxxx xxxxx, Continence Nurse

Appendix 2 - Questions you will be asked during your planning meeting

Your planner will either read questions from a computer program for you to answer, or some planners who have enough experience will answer them for you after an in-depth conversation with you about your family member. Remember to think about your answers carefully and consider their function when having a difficult day.

For children and youths, birth to 20 years old, the PEDI-CAT tool is used. For those aged 21 years and older the WHODAS tool is used.

PEDI-CAT

These questions are used to identify functional delay and can be used to ascertain improvement after interventions and therapies. This tool measures abilities in three functional domains: **Daily Activities**, **Mobility** and **Social/Cognitive**, and the **Responsibility** domain measures the extent to which the caregiver or child takes responsibility for managing complex, multi-step life tasks. Below is a list of the majority of the questions.

Daily Activities

Answers are either:

Unable-Can't do, doesn't know how

Hard- Does with a lot of help, extra time or effort

Little- Does with a little help, time or effort

Easy- Does with no help extra time or effort, skills are past this level

I don't know

- 1 Can your family member pull open a bag of chips?
- 2 Can your family member put on a t-shirt?
- 3 Can your family member put on their socks?
- 4 Can your family member put on slip on shoes or slippers themselves?
- 5 Can your family member insert a straw into a juice box?
- 6 Can your family member turn a tap on and off?
- 7 Can your family member put toothpaste on a toothbrush and thoroughly brush their teeth?
- 8 Can your member clean their body thoroughly whilst bathing/showering?
- 9 Can your family member dry himself or herself properly with a towel?
- 10 Can your family member put on winter or sports gloves?
- 11 Can your family member stir ingredients e.g. making a cake?
- 12 Can your family member take off a t-shirt?
- 13 Can your family member feed himself or herself a sandwich or burger?
- 14 Can your family member feed himself or herself with a fork without spilling their food?
- 15 Can your family member feed himself or herself with a spoon without spilling their food?

Mobility

Answers are either:

Unable-Can't do, doesn't know how

Hard- Does with a lot of help, extra time or effort

Little- Does with a little help, time or effort

Easy- Does with no help extra time or effort, skills are past this level

I don't know

1. Can your family member stand for a few minutes?
2. Can your family member sit on the floor supported by a pillow
3. Can your family member move from room to room around your house?
4. Can your family member move around out of the house?
5. Can your family member go on tiptoes to reach for something?
6. Can your family member walk between rows of movie theatre seats?
7. Can your family member get in and out of the bath?
8. Can your family member get in and out of the car?
9. Can your family member open and close the front door?
10. Can your family member get on and off an adult sized toilet?
11. Can your family member get in and out of a bigger car e.g. 4WD or van?
12. Can your family member walk wearing a light backpack?
13. Can your family member get in and out of the shower?
14. Can your family member walk carrying a tray of food without spilling anything?
15. Can your family member walk carrying a glass of water without spilling anything?

Social/Cognition

Answers are either:

Unable-Can't do, doesn't know how

Hard- Does with a lot of help, extra time or effort

Little- Does with a little help, time or effort

Easy- Does with no help extra time or effort, skills are past this level

I don't know

1. Can you family member recognize the numbers on a clock or telephone?
2. Can your family member use several signs, gestures or words in a row?
3. Can your family member use several signs, gestures or words to ask questions?
4. Can your family member keep objects from the environment out of their mouth?
5. Can your family member use several signs, gestures or words to ask for something?
6. Can your family member use toys in pretend play e.g. putting a doll to bed
7. Can your family member build with blocks?

8. Can your family member share a toy with their peers?
9. Can your family member play safely in playground?
10. Can your family member ask their peers to play?
11. Can your family member use several signs, gestures or words to communicate what they want?
12. Does your family member try to do things another way of something doesn't work e.g. put a puzzle piece in a different way
13. Can your family member listen and respond appropriately in a conversation?
14. Can your family member greet people appropriately?
15. Can your family member follow directions given by an adult when in a small group?

Responsibility

Answers are either:

Adult takes full responsibility and child takes no responsibility

Adult takes most of responsibility and child takes a little responsibility

The responsibility is shared between adult and child

The child takes most of the responsibility and the adult a little responsibility

The child takes full responsibility and the adult takes no responsibility

1. Arranging social interactions e.g. meeting a peer
2. Organising the necessary items to be taken for an outing
3. Organising the necessary items for an overnight stay
4. Responsibility for hygiene and appearance
5. Getting ready in the morning on time
6. Eating safely e.g. without burning their mouth
7. Putting objects away when they are finished with them
8. Toileting during the day
9. Toileting during the night time
10. Managing their stress and anxiety
11. Staying safe in a familiar environment
12. Cleaning up their living space e.g. cleaning up a spill of their drink

WHODAS

The WHODAS is a generic assessment tool for health and disability and is used to produce standardised disability levels and profiles. These questions will include some of the above questions but also age appropriate questions for adults.

The domains of function include:

- **Cognition** – understanding & communicating
- **Mobility**– moving & getting around
- **Self-care**– hygiene, dressing, eating & staying alone
- **Getting along**– interacting with other people

- **Life activities**– domestic responsibilities, leisure, work & school
- **Participation**– joining in community activities

Examples of questions:

1. Can your family member walk for one km?
2. Can your family member stand for 30 minutes?
3. Who makes most of your family member's decisions?
4. Does your family member choose what to do each day?
5. Does your family member choose who supports them?
6. Does your family member need support for personal care?
7. Does your family member need support for travel?
8. Does your family member need support to get out of the house?
9. Can your family member communicate with others?
10. Is your family member happy with how much they see their family?
11. Does your family member feel safe where they live?
12. Does your family member have friends?
13. Can your family member deal with money?
14. Does your family member feel safe going out in the community?
15. Does your family member participate in education or training?
16. Is your family member currently working?
17. Does your family member have difficulty getting health services?
18. Would your family member like to be involved in a community group?

Appendix 3 – Funded Plan Support Examples from the AS community

Assistive technology

- Shower support – Subject to approval of an application, is to be used for purchase of suitable equipment
- Child postural chair with maximum components. Subject to approval of an application, to be used for the purchase of specialist seating to participate in activities
- Arm supports, and toilet back supports, free standing (x1)
- Personal care and safety equipment other (x1)
- Wheeled walker – this funding maybe accessed only after an assessment and recommendation from a suitably qualified professional and approval from the Agency as per Reasonable and Necessary criteria
- Helmets (x1)
- Repairs – mobility domain, wheeled mobility minor repair (x1), wheelchair repairs.
- Repairs to electronic communication device
- Wheelchair
- Theratogs
- Hinged AFOs

Improved Daily Living

- Provision of early childhood intervention supports to work together within the home and community settings, utilising relevant disciplines to support and advise the family in order to meet the plan goals and objectives.
- Clinical advisor to provide assurance for identified assistive technology as prescribed by a therapist.
- Level 1 multi-disciplinary package (includes 4 hours for commode assessment).
- 36 hours of occupational therapy/ speech therapy/physiotherapy.
- 80 hours to include speech therapy, physiotherapy (including wheelchair, orthotic and postural garment assessment), occupational therapy (including home assessment for adaptive equipment), orthotic fitting, continence assessment and ongoing support

Improved relationships

- 40 hours for Behaviour Management Plan including training in Behaviour Management Strategies

Transport

- Level 2/3 transport funding to access the wider community.

Support Coordination

- Assistance to strengthen family's ability to coordinate and implement supports, strengthen their informal network and coordinate a range of both funded and mainstream supports.

Core Supports

- Continence package to assist in the purchase of continence products (including delivery) e.g. pull-up nappies, absorbent pads, Conni bed pads, waterproof doona, mattress and pillow protectors, barrier cream, wipes, gloves for carers, nappy sacks.
- Assistance in a shared living arrangement for persons – complex needs.
- Funding for assistive technology allocated for the purchase of low risk items to address goals.
- 30 hours x 48 weeks of weekday support for assistance to participate in activities in the community and develop independent living skills, life skills and social skills.
- \$45,000 to include support workers for in home personal care and access to community, recreation camps, and support workers cost for recreation days provided by a disability recreation organisation

Appendix 4 - Participant transport fact sheet

What is transport funding?

A participant will generally be able to access funding through the NDIS for transport assistance if the participant cannot use public transport without substantial difficulty due to their disability; funding takes into account any relevant taxi subsidy scheme; and it does not cover transport assistance for carers to transport their family member with a disability for everyday commitments.

Please note this information relates to participant transport arrangements and does not relate to travel for providers of supports. Information about provider travel is available in the NDIS Price Guide.

Expected levels of transport support

There are three levels of supports for transport assistance, as set out below. The three levels are used to provide a transport budget for participants. NDIA funded supports are indexed on an annual basis.

Three new participant transport support levels:

- **Level 1** – The NDIS will provide up to **\$1,606 per year** for participants who are not working, studying or attending day programs but are seeking to enhance their community access.
- **Level 2** – The NDIS will provide up to **\$2,472 per year** for participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other social, recreational or leisure activities.
- **Level 3** – The NDIS will provide up to **\$3,456 per year** for participants who are currently working, looking for work, or studying, at least 15 hours a week, and are unable to use public transport because of their disability.

Exceptional circumstances – participants can receive higher funding if the participant has supports (mainstream, informal or funded) in their plan that enables their participation in employment.

Appendix 5 – Glossary (The meaning of important words used in the NDIS process)

Act - refers to the NDIS (National Disability Insurance Scheme) Act 2013.

Agency - refers to the National Disability Insurance Agency (NDIA).

Carer – someone who provides personal care, support and help to a person with disability and is not contracted as a paid or voluntary worker, often a family member or guardian.

Choice and control – a participant has the right to make their own decisions about what is important to them and to decide how they would like to receive their supports and who from.

Community engagement – describes the range of ways people are involved in the wider community.

Community services – services or supports within local communities that are available to all community members. Examples include health services, education, transport, home cleaning.

Delegate – a person who works for the Agency who has authority to approve your NDIS funding plan on behalf of the CEO of the NDIA (as per the NDIS Act).

Disability – total or partial loss of the person's bodily or mental functions (the Disability Act 1992). Describes a person's impairment of body or function, a limitation in activities or a restriction in participation when interacting with their environment.

Disability services/ supports – supports that are provided specifically in response to the needs and goals of people with a disability and are not usually available to members of the public.

ECEI (Early Childhood Early Intervention) – providing support early in life to reduce the effect of disability and to improve the person's functional capacity.

Eligibility – whether a person can become a NDIS participant or not. This is determined using the information on the Access Request Form.

Financial intermediary ROLE – this role includes making payments at the direction of the participant or their nominee, for the services that they have received as part of the delivery of their NDIS Package. The financial intermediary keeps record of such payments and reports expenditure to the person and to the Agency as required.

Formal supports – support participants have to book and pay for. See ‘Support’.

Funded supports – supports the NDIS pays for through a participant’s plan. These supports must be reasonable and necessary. See ‘support’.

Informal support – support or assistance available within families, among friends, neighbors and members of a community, i.e. Not provided by a formal service.

Insurance model – the NDIS spread the cost of individual’s current and future needs across the broader community. It is available to every Australian that meets the access requirements. It places emphasis on up-front investment to reduce a participant’s future NDIS needs.

Local Area Coordinator (LAC) – are local organisations working in partnership with the NDIA, to help participants, their families and carers across the NDIS. LACs will help participants write and manage their plans and also connect participants to mainstream services and local community-based supports.

Mainstream services – the government system providing services to the Australian public e.g. health, mental health, education, justice, housing, child protection and employment services.

Market – a collection of providers offering products and services to NDIS participants.

Multidisciplinary – a team of professionals who work with one another and share the jobs of evaluating, planning and providing services to a participant.

NDIA – National Disability Insurance Agency. The commonwealth government organisation administering the NDIS.

NDIS Act 2013 (the act) – the law in Australia that provides the rules for the delivery of the NDIS.

Nominee – a person nominated by the person with a disability to assist him or her in making choices about what services and supports they require and who will provide those services. The nominated person assists with the arrangements of services and supports the administration of funding.

Package (funded support package) – a package is the amount of funding that the NDIA allocates to a person with a disability that is used to pay for a range of supports and services as set out in that person’s approved plan. These are 3 budgets in a support package: Core, Capacity Building and Capital.

Participant – means a person with an impairment or disability who has been approved eligible to receive support from the NDIS and who then receives support from the NDIS.

Participant statement – information setting out a participant’s living arrangement, relationship, supports, description of day to day life as well as their short and longer-term goals.

Person-Centred Plan (PCP) – a plan that is developed via person-centred planning approaches (see next entry) and provides detailed information about the person and the supports a person needs to achieve their goals. The comprehensive planning process usually includes consideration of the needs essential support people, such as family caring for the person, along with how and when supports will be provided and how the package will be managed (e.g. self-management).

Person-centered planning – a process that explores a person’s needs, goals, and aspirations to develop a plan for how they may best be met. Principles for individualised planning are provided in the NDIS Act.

Plan – a written agreement worked out with the participant, stating their goals and needs, and the reasonable and necessary support the NDIS will fund for them. Each participant has their own individual plan.

Plan Management Provider (PMP) – A registered plan management provider is a team used to describe an individual or organisation that undertakes managing funding for support on a participant’s plan.

Provider – someone who has products or services to help participants achieve the goals in their plan. participant can choose their own providers and change providers at any time, this is also known as choice and control.

Reasonable and necessary – reasonable means something fair and necessary means something you must have. The NDIS funds reasonable and necessary supports relating to a person’s disability to help them live an ordinary life and achieve their goals.

Registered provider – a person or organisation who provides services and who has successfully applied to the NDIA to become listed on the NDIA register of service providers. This enables them to be funded directly by the NDIA for supports to NDIA participants.

Self-management (funding) – participants receive all or part of their NDIS funding and they manage their payments for supports and pay their providers directly.

Service agreement – a contract between participant and the service provider they have chosen to deliver the supports in their participant plan.

Support Coordinator – a service that is provided to support people to implement and/or manage their package of funding and achieve their goals. It may include making arrangements to start supports, monitor delivery, and take action if supports are not being delivered as the participant or their nominee is satisfied with.

Supports – things to help a person undertake daily life activities and enable them to participate in the community and reach their goals.

Transdisciplinary – similar to multidisciplinary, but one professional is chosen as the lead participant provider. A full team are involved in working with the participant, however, the lead provider is responsible for coordination and progress reporting for the participant.