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- Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
11.0	DII394 KMM575	Class 1 approval. Changes after Directors Review. Updating based on director feedback. Linked all new SOPs. Quality check and accessibility.	APPROVED DLL320 SW0065	2021-11-26

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Version	Amended by	Brief Description of Change	Status	Date
12.0	DII394	Class 1 Approval Updated the HDD referral process.	APPROVED SW0065 DLL320	2021-12-10
13.0	LW0022 KMM575	HDD process update. Document pre contact SMS sent. Wording updates for LH staff. Linked to mid cost AT SOPs. Pre-requisite added for change to section 100(5) of the Act. Wording change at the desktop review where there are changes to the disability. Justification to include TSP has been considered. APS5 and IROs without delegation to seek team leader support prior to contacting TAB. Removal of NDIS contact.	APPROVED	2022-03-11
14.0	LW0022 KMM575	Added - Initial contact required for all s100 requests where a participant funding has been reduced by more than 20% in the most recent plan. Call required if decision reduces plan funding by more then 20%.	APPROVED RMO411	2022-09-08
15.0	LW0022 KMM575	Initial contact required when the Acknowledgement letter time frame of 14 days has not passed. Change from 40% to 50% inflation for endorsement by Assistant Director.	DRFAT RMO411	2022-09-09

8. Appendices

8.1 Appendix A – Assigning a Review Application or Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

Participants who belong to **Young People in Residential Aged Care (YPIRAC)** and **Complex Support Needs (CSN)** cohort need to be identified and assigned manually:



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YPIRAC Participants

1. Create an **Open Interaction** using **s100 – Request to complete a plan review** from [Internal Review of a Planning Request Interaction Templates](#) outlining the request for review, and that due to the participant residing in aged care the review application is to be actioned by a YPIRAC planner.
2. **Assign** the **Interaction** and **Review Application** to the NDIS business system inbox for employee "██████████" (SV0008). ██████████ will then allocate the application for progression.

CSN Participants

1. Create an **Open Interaction** using **s100 – Request to complete a plan review** from [Internal Review of a Planning Request Interaction Templates](#). The Interaction provides information to the assignee to advise what has occurred and what is required.

Assign the **Interaction** and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

For all other participants, Review Applications are to be assigned using the Workflow Identifier. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).

For all Participants (except those who are in the YPIRAC and CSN cohorts) no matter the streaming undertake the following steps:

From the Participant Details tab select Workflow Identifiers.

1. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
2. Select the **Change and Review Request** identifier from the drop down.

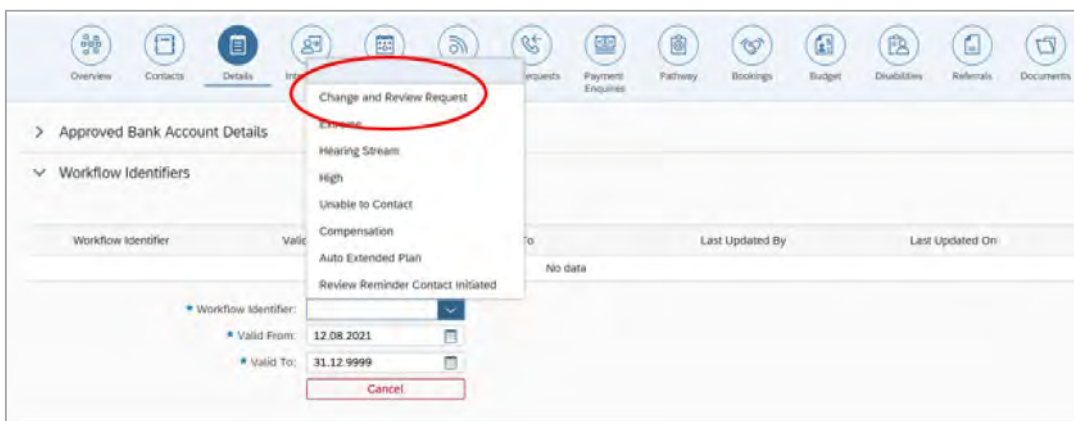


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.



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3. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your TL if the review application requires **priority referral** resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** Refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. **Select** the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

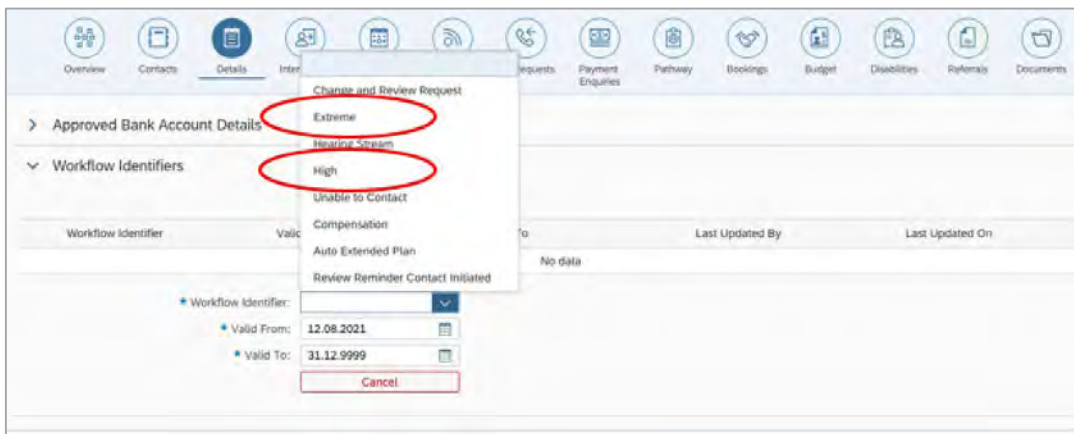


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.



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Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their representatives
- How to give effect to your decision
- How to return the participant into the regular review cycle

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
November 2022	<p>Added Content:</p> <p>Section 3.1.2 includes process for returning home and living in dispute and YPIRAC work items for action.</p> <p>Section 4.1.1 includes reference to the Supporting Evidence Form – Home and Living for internal review home and living team staff members to consider.</p> <p>Section 4.11 includes an escalation pathway added for internal review officers to contact their line manager or Assistant Director when urgent action and handover is required for National Delivery.</p> <p>Section 4.7.1 includes note regarding HDD interaction.</p> <p>Section 4.9 Communicate the outcome of the decision (if required)</p> <p>Section 4.10 provides concise explanation of your decision in plain English for the participant, changed from two sentences to up to four sentences (approximately one hundred words).</p> <p>Section 4.7 1, The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation. Additional word of include added to ensure delegate justification</p>



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Date	What's changed
	<p>considers and includes rationale of utilisation, TSP and inflation in s100 justification section.</p> <p>Section 4.2 Contact Process.</p> <p>Appendix B Talking Points.</p> <p>Section 4.10 Upload outbound email when emailing the decision letter.</p> <p>Section 4.7 Updated process for level 4 and level 5 approvals.</p> <p>Section 3.7.2 for approval process for level 5 plans.</p> <p>Contact process – to advise line manager of media threats.</p> <p>Section 4.1.4 added link to updated CSN referral SOP</p> <p>Section 8.2.9 and 8.2.10 when sending emails, in the subject line include the participant's NDIS number.</p> <p>Amended Content:</p> <p>Section 3.1.2 and 4.6.2 includes a change to the home and living referral inbox from s22(1)(a)(ii) - irrelevant material to s22(1)(a)(ii) - irrelevant material</p> <p>Section 4.2 Determine if contact is required amended to Contact Participant.</p> <p>Initial contact process for all internal reviews.</p> <p>Section 4.6.2 includes steps on how to seek advice from the Internal Review Home and Living Team.</p> <p>Section 8.1 removed reference to YPIRAC participants.</p> <p>Section 4.2.1 and 4.6.2 includes plan-management requests as they are subject to the same considerations that apply for self-management (legislation change).</p> <p>Phone, Email and Letter contact process separated for contact.</p> <p>Pre call SMS must be sent at least an hour before calling</p> <p>Throughout document PRR replaced with plan reassessment (legislation change).</p> <p>Throughout document guidance on s47a plan variation has been included (legislation change).</p> <p>Section 4.3 Process for requesting tab advice.</p>



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Date	What's changed
	Linking evidence moved to appendix C

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports. <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Operational Guideline – Reviewing our Decisions). This means we can consider any changes since the original decision was made, which may impact their statement of supports, such as, a change to the participant’s capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to consider the requests on the merits of the situation and make contact with a participant when a request needs to be clarified.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance, [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify the above supports are what is being disputed. Refer to any interactions



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on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the Outcome as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant materi system inbox.
 - For all other home and living requests, assign the work item to s2 system inbox.

4. Procedure

4.1 Conduct a desktop review

4.1.1 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled “**s100 internal review request dd/mm/yyyy**”.

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.2 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:



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- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.3 Review the evidence available

1. Review the participant's record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. Given the participant has had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.
3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved simply through flexible use of the plan. Unless supports are fixed (stated) in the plan the core support budget is fully flexible. The Capacity Budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what the consequences are when withdrawing their internal review. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early



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resolution talking points. For further information on the early resolution, criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added to the s100 alert that is open. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision the facts and circumstances at the time of the internal review will have to be taken into consideration.

If a decision relating to an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.4 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email [847E\(d\)-c@ndis.gov.au](mailto:847E(d)-c@ndis.gov.au). The purpose of this contact is to advise CSN the participant has a s100 internal review requested and clarify if there is any information IRT need to be advised to best support the participant with their request for internal review. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).



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- If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to [REDACTED] system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in [REDACTED] In your email include the Participant's name, their NDIS number and the work item number.
2. If you identify the participant has also been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as there are additional closure tasks that are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the above review of circumstances, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We consider the participant's communication preference. We attempt to include the participant as part of the decision-making process and where unavailable we proceed with the information at hand. For phone contact, further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#).
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact



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1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising that an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 14 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 15 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the Standard Operating Procedure – Verify identity for an individual or Standard Operating Procedure – Verify identity for a third party organisation.
 - Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
 - Acknowledge the type of internal review
 - Advise of the documents received which will be considered in the internal review. This will confirm with the participant that all evidence submitted has been received.
 - If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28



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days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601. Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions, progress on the s100 are captured in the one interaction trail. Only differ from this when an open interaction is created and needs to be assigned to another team/region for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.



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Record the date of contact and progress of review in the IRT Database. Make sure the Participant contacted date field is completed.

If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold whilst awaiting vary decision to be completed. [Refer to Standard Operating Procedure – View or edit an alert](#). Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 14 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm that the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the acknowledgment letter to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name....>" section and must also change the timeframe to 14 days under the **Next Steps** section.
3. If on day 15 there has been no response it is time to proceed with the review based on the information available.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts should be in the system associated with the participant be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.3 System process for recording Request for Information (RFI)



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1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database:

- For HaL internal review requests:

In the database **comments** field enter: RFI pending for s100

- For other internal review requests:

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:



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5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.



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If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 14 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example
xxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request



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Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be appropriately set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the “Supporting Information” field in the s100 form or in the outcome details of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA’s [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under (s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to do a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) need to be completed and emailed to

s47E(d) - certain operations of agencies @ndis.gov.au



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If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the [Panda Live V2](#) recommendation of plan duration in most instances. Typically, this would be for requests that meet the following criteria.

Criteria:

- There are no expected life stages changes to occur for the duration of the plan.
- Funded supports are within TSP or the plan is not inflated by more than 10 percent of the previous plan value.

If the above criteria is not met, you should retain the same end date (as close as possible) and record your justification for altering the recommended plan duration when completing the Risk Assessment in Pre Planning. You will need to pro-rata funding when you build the plan.

Note: Decisions that are made with regards to variations will be pro-rated for plans that have more than 6 months remaining.

Delegates should also consider other factors when determining plan duration such as:

- Keeping family groups review schedules together
- Supported Independent Living (SIL) Participant groups together
- Utilisation variance in previous plans
- Support meets R&N for the duration of the plan and there are no time limited supports included.

If more than two of these considerations apply, speak to your line manager or Assistant Director regarding a shorter plan duration.

4.5 Submit a decision outcome



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Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

The screenshot displays a web form with the following fields and content:

- Request #: (empty)
- Reviewable Decision: Statement of Supports
- Available Decision: 23.09.2020-23.09.2021 Approved
- Requested By: (empty)
- Date of Request: 29/10/2020
- History Log:

29.10.2020	11:51:07
------------	----------

Below the history log, there is a text entry: "Additional documents submitted whilst awaiting internal review attached to inbound documents as".

At the bottom of the form, there are three buttons: "Edit" (highlighted with a red box), "Withdraw", and "Back".

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.

4. Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.



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Image

caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



Image

caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

- For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports



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- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)



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Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to make the plan the duration the same as what it was originally approved for, for example 12 months or the participant preference as indicated previously. This will mean pro-rata will not need to be completed. However, based on your investigations of the original plan, Panda recommendations, conversation/s with the participant, risk and/or participant's current



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circumstances, you identify a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration.

Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the **'Plan reviewed early or amended'** box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.



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4.6.2.1 Home and Living Supports impacted by s100 outcome

1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.



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Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports were not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my



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plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant's request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.
2. **Note:** When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add "This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same".



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b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

3. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
4. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
5. For Internal Review Officers without delegation, click on Save at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
6. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.

Part 9: Delegate

Generate Plan only: YES

In approving this statement of participant supports, [REDACTED] have had regard to the participants statement of goals and aspirations, relevant assessments conducted in relation to the participant (see attached), the applicable NDIS rules, the principle that the participant should manage their plan to the extent that they wish to and the operation and effectiveness of any previous plans of the participant. In addition, in respect of the reasonable & necessary supports that will be funded and the general supports that will be provided, I have satisfied myself of each of the relevant criteria that apply.

Delegate Approval: YES

Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



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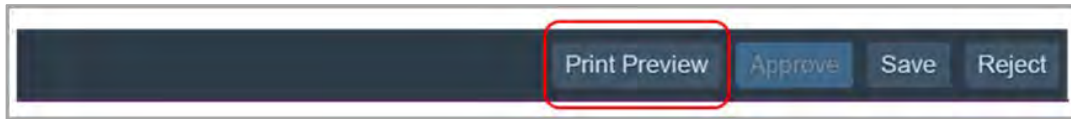


Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

7. Select **Delegate Approval** and then select the **Submit** button.
8. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
9. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome (except SDA). The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. Confirm the s100 alert is active on the participant's record.
2. Refer to the [Higher Decision Delegate Standard Operating Procedure](#) for assigning plans for approval.

Note: If the request is at risk of aging or there is an escalation, refer to your Assistant Director who will complete the approval process.

Note: When adding the HDD interaction, only complete part 16 of the “**Plan submitted for Approval**” interaction.

Note: You will need to seek preliminary endorsement from your line manager. APS6 delegates can endorse their own plans and do not require a second level quality check.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).



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4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed that the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
- One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
- If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.

1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.



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Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (for example, the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
 - Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
 - For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
 - For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents



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NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.



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5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:

- Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.

2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports that should be explored you can include this in the interaction template for the local office to follow up with the participant.

- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:



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- 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
 4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
 5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search s22(1)(a)(i) - irrelevant material (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.
 - Then apply an extreme workflow identifier to the participant's record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of "700" you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
 6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.

Note: This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)



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- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
11.0	DII394 KMM575	Class 1 approval. Changes after Directors Review. Updating based on director feedback. Linked all new SOPs. Quality check and accessibility.	APPROVED DLL320 SWO065	2021-11-26
12.0	DII394	Class 1 Approval Updated the HDD referral process.	APPROVED SWO065 DLL320	2021-12-10



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Version	Amended by	Brief Description of Change	Status	Date
13.0	LWO022 KMM575	HDD process update. Document pre contact SMS sent. Wording updates for LH staff. Housing referral changed to s22(1)(a)(i) - HP Linked to mid cost AT SOPs. Pre-requisite added for change to section 100(5) of the Act. Wording change at the desktop review where there are changes to the disability. Justification to include TSP has been considered. APS5 and IROs without delegation to seek line manager support prior to contacting TAB. Removal of NDIS contact.	APPROVED	2022-03-11
14.0	LW0022 KMM575	Added - Initial contact required for all s100 requests where a participant funding has been reduced by more than 20% in the most recent plan. Call required if decision reduces plan funding by more than 20%.	APPROVED RMO411	2022-09-08
15.0	LW0022 KMM575	Initial contact required when the Acknowledgement letter time frame of 14 days has not passed. Change from 40% to 50% inflation for endorsement by Assistant Director.	APPROVED	2022-09-09
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from "consider" to "include" in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28

8. Appendices



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8.1 Appendix A – Assigning a Review Application or Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the Interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
2. From the Participant Details tab select Workflow Identifiers.
3. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
4. Select the **Change and Review Request** identifier from the drop down.

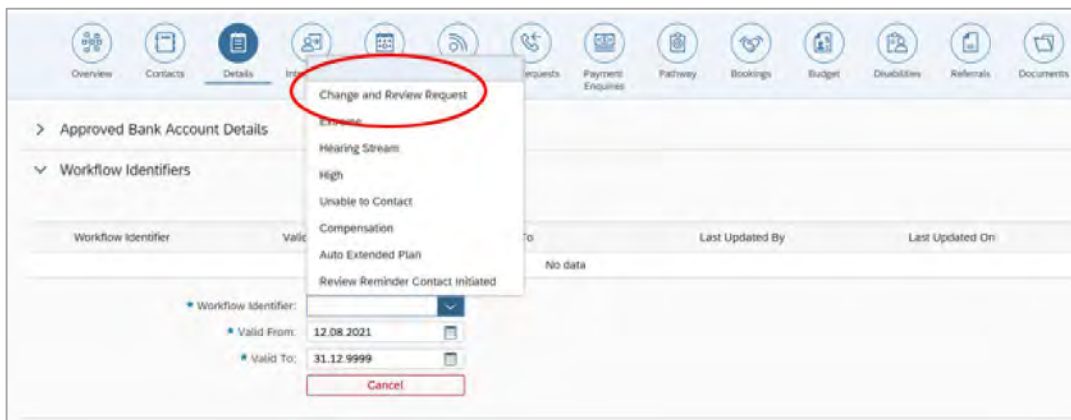


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

5. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
6. Select **Submit**.

8.1.3 Priority referral of Review Application



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For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

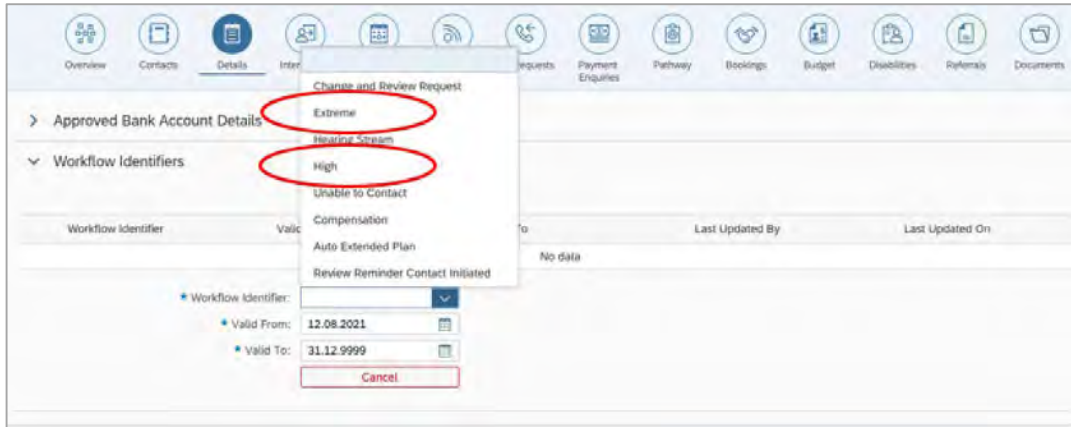


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.

8.2.1.2 During the call



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- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain that you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).

8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?
- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?



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Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details that you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.
- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.
- Assess what is currently in place to manage the risk.
- Assess the potential consequences.



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- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant's interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).
- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see that one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant's plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.

- Mainstream or community supports can address the need.
- Paying providers.



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You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.
- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.
- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).



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8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing that the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.

The screenshot shows a 'Request Details' form with the following fields:

- Request #: 8000390202
- Reviewable Decision: Statement of Supports
- Available Decision: 0001037881 08.09.2020-07.09.2023 Approved
- Requested By: [Redacted]
- * Date of Request: 19/10/2020
- * Supporting Info: [Redacted]

The 'Supporting Info' field is highlighted with a red rounded rectangle, indicating where the interaction should be recorded.

Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).



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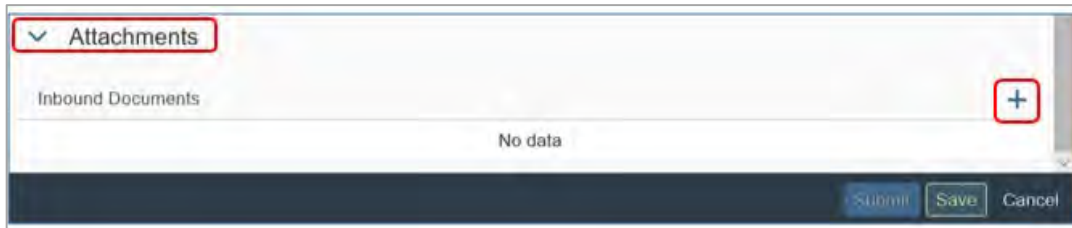


Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

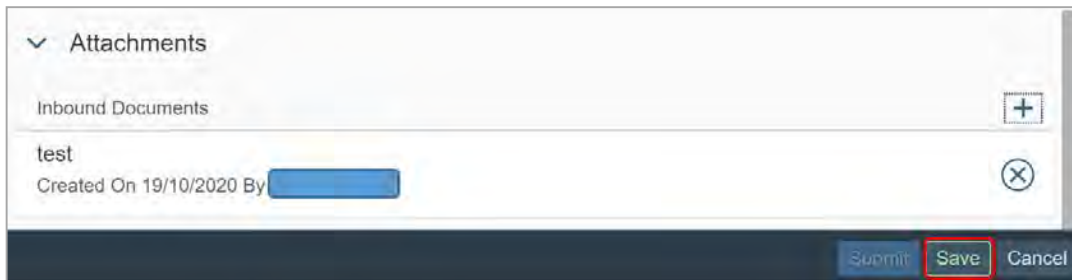


Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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The contents of this document are OFFICIAL.

Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
January 2023	<p>Updated Content</p> <p>Plan Duration, guided by the participant's preference in most instances whilst considering the listed criteria.</p> <p>TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.</p> <p>Added Content</p> <p>Appendix A - interaction name and additional step when setting aside a decision not to review a plan.</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports. <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our



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Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant’s statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to consider the requests on the merits of the situation and make contact with a participant when required.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance , [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(i) - irrelevant materia system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.



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4. Procedure

4.1 Conduct a desktop review

4.1.1 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled “**s100 internal review request dd/mm/yyyy**”.

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.2 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.3 Review the evidence available

1. Review the participant’s record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).



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2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.

3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.

4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.

7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.



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If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.4 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email [\[REDACTED\]@ndis.gov.au](mailto:[REDACTED]@ndis.gov.au). The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
 - If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to [\[REDACTED\]](#) system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in [\[REDACTED\]](#). In your email include the Participant's name, their NDIS number and the work item number.
2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.



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After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.



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2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 14 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 15 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
 - Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
 - Acknowledge the type of internal review
 - Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
 - If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their



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full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction!. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard](#)



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[Operating Procedure – View or edit an alert.](#) Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 14 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.
3. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)

1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021



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Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database:

- For HaL internal review requests:

In the database **comments** field enter: RFI pending for s100

- For other internal review requests:

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.



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10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,



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Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 14 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example xxxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.



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4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under (s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to s47E(d) - certain operations of agencies@ndis.gov.au

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.



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4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.

Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example



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TAB. ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.

3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

Request #:
 Reviewable Decision: Statement of Supports
 Available Decision: 23.09.2020-23.09.2021 Approved
 Requested By:
 Date of Request: 29/10/2020
 History Log:
 29.10.2020 11:51:07
 Additional documents submitted whilst awaiting internal review attached to inbound documents as

Buttons: Edit, Withdraw, Back

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.

4. Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.

* Date of Request: 29/10/2020
 * Supporting Info:
 History Log: 29.10.2020 11:51:07

Buttons: Submit, Save, Cancel

Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.



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5. Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.

Image

caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

6. For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports

- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.



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7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)

Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.



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4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the '**Plan reviewed early or amended**' box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure –](#)



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[Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome

1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.



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- For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.

Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have



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been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant’s request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan



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Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add “This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same”.

b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager



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once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).

5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.

Part 9: Delegate

Generate Plan only: YES

In approving this statement of participant supports, [redacted] have had regard to the participants statement of goals and aspirations, relevant assessments conducted in relation to the participant (see attached), the applicable NDIS rules, the principle that the participant should manage their plan to the extent that they wish to and the operation and effectiveness of any previous plans of the participant. In addition, in respect of the reasonable & necessary supports that will be funded and the general supports that will be provided, I have satisfied myself of each of the relevant criteria that apply.

Delegate Approval: YES

Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.

Print Preview Approve Save Reject

Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome (except SDA). The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. Confirm the s100 alert is active on the participant's record.



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2. Refer to the [Higher Decision Delegate Standard Operating Procedure](#) for assigning plans for approval.

Note: If the request is at risk of aging or there is an escalation, refer to your Assistant Director who will complete the approval process.

Note: When adding the HDD interaction, only complete part 16 of the “**Plan submitted for Approval**” interaction.

Note: You will need to seek preliminary endorsement from your line manager. APS6 delegates can endorse their own plans and do not require a second level quality check.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant’s record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant’s record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
- One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
- If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.

1. Identify who is authorised to discuss this review, as per the participant’s record on the system.



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Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded



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- Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
- Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
- For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.
 - **Email Template for Decision Letter:**



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Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.
5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:
 - Discuss the request with your line manager or Assistant Director for endorsement.



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Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.
2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.
 - Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search s22(1)(a)(ii) - irrelevant material (KM0054) CRM inbox for the Participant's name and open ATHM item/s.



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- If an open AT or HM item is found, and the interaction ID starts “700” you will need to un-assign the AT or HM work item back to WLM by using “User Unavailable” as a reason.
 - Then apply an extreme workflow identifier to the participant’s record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of “700” you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.
- Note:** This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)



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6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
11.0	DII394 KMM575	Class 1 approval. Changes after Directors Review. Updating based on director feedback. Linked all new SOPs. Quality check and accessibility.	APPROVED DLL320 SWO065	2021-11-26
12.0	DII394	Class 1 Approval Updated the HDD referral process.	APPROVED SWO065 DLL320	2021-12-10
13.0	LWO022 KMM575	HDD process update. Document pre contact SMS sent. Wording updates for LH staff. Housing referral changed to ^{s22(1)(a)(i) - 31e} [redacted] Linked to mid cost AT SOPs. Pre-requisite added for change to section 100(5) of the Act. Wording change at the desktop review where there are changes to the disability. Justification to include TSP has been considered. APS5 and IROs without delegation to seek line manager support prior to contacting TAB. Removal of NDIS contact.	APPROVED	2022-03-11
14.0	LW0022 KMM575	Added - Initial contact required for all s100 requests where a participant funding has been reduced by more than 20% in the most recent plan. Call required if decision reduces plan funding by more than 20%.	APPROVED RMO411	2022-09-08



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Version	Amended by	Brief Description of Change	Status	Date
15.0	LW0022 KMM575	Initial contact required when the Acknowledgement letter time frame of 14 days has not passed. Change from 40% to 50% inflation for endorsement by Assistant Director.	APPROVED	2022-09-09
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from "consider" to "include" in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant's preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20

8. Appendices



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8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.

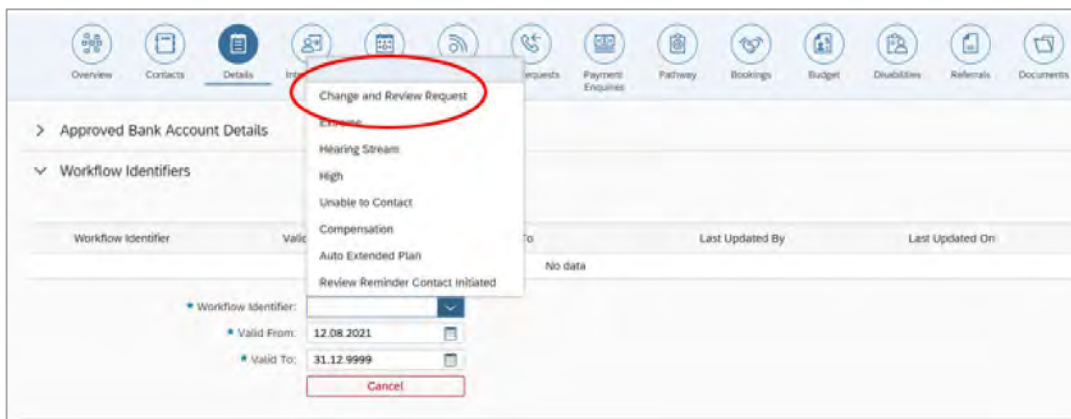


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.



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8.1.3 Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

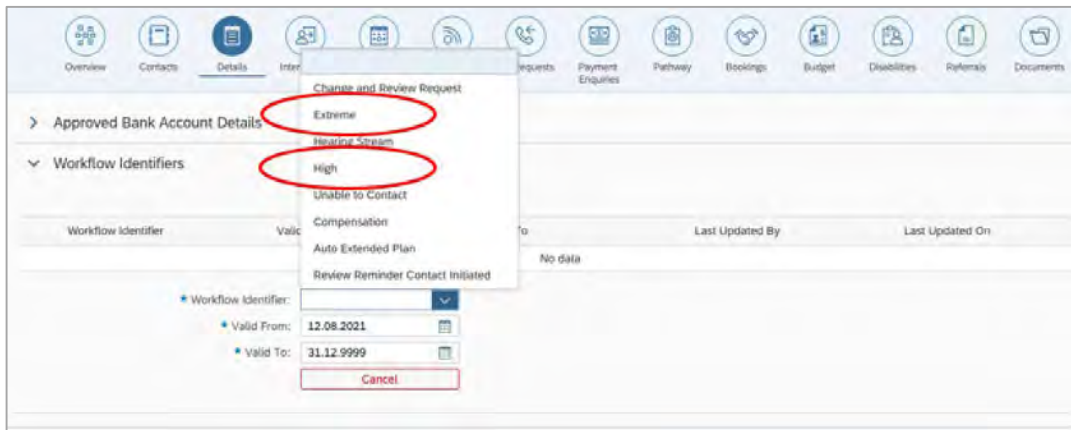


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.



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8.2.1.2 During the call

- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).

8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?



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- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?

Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.
- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.



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- Assess what is currently in place to manage the risk.
- Assess the potential consequences.
- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant’s interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).
- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant’s plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.



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- Mainstream or community supports can address the need.
- Paying providers.

You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.
- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.



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- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).

8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.

The screenshot shows a 'Request Details' form with the following fields:

- Request #: 8000390202
- Reviewable Decision: Statement of Supports
- Available Decision: 0001037881 08.09.2020-07.09.2023 Approved
- Requested By: [Redacted]
- * Date of Request: 19/10/2020
- * Supporting info: [Redacted]

Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).



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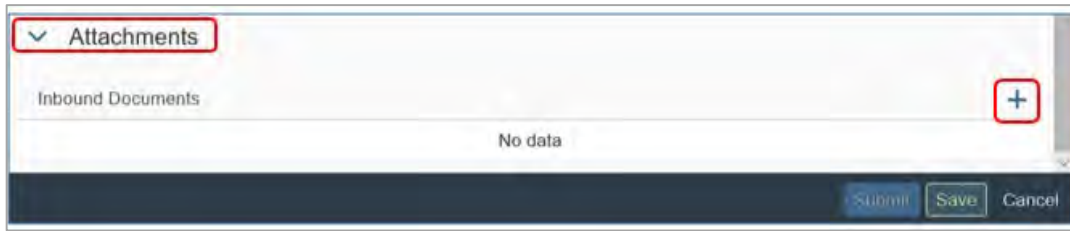


Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

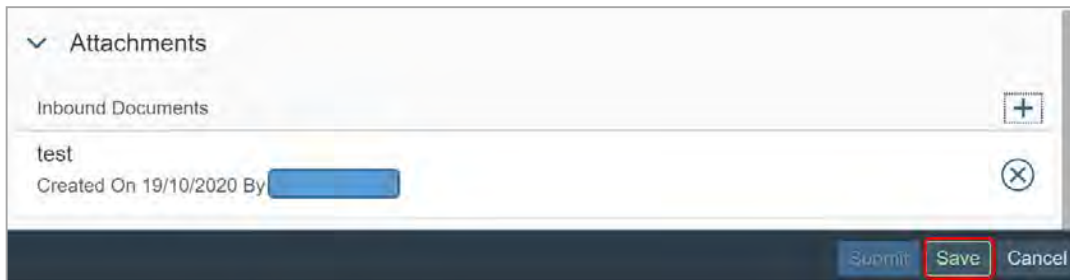


Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
February 2023	<p>Amended Content:</p> <p>Unable to contact process and email contact updated: response requested within 7 days.</p> <p>Added Content:</p> <p>For Mail contact, send an SMS advising participant a letter has been posted.</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports. <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant's statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to



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consider the requests on the merits of the situation and make contact with a participant when required.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance, [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

4. Procedure

4.1 Conduct a desktop review



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4.1.1 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled “**s100 internal review request dd/mm/yyyy**”.

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.2 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.3 Review the evidence available

1. Review the participant’s record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an



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identified risk to the participant if we don't fund it and we need the evidence to justify the decision.

3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).
6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.



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For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.4 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email s47E(d) - celtis @ndis.gov.au. The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
 - If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to s22(1)(a)(ii) - irrelevant material system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in s22(1)(a)(ii) - irrelevant material. In your email include the Participant's name, their NDIS number and the work item number.
2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.



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For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).



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The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
 - Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
 - Acknowledge the type of internal review
 - Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
 - If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.



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Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminarily assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert.](#) Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.



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2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name....>" section and must also change the timeframe to 14 days under the **Next Steps** section.
3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)

1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database:
 - For HaL internal review requests:

In the database **comments** field enter: RFI pending for s100



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- For other internal review requests:

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template



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A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.



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I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example xxxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.



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4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under (s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to s47E(d) - certain operations of agencies@ndis.gov.au

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.



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4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.

Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example



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TAB. ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.

- Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

Request #:
 Reviewable Decision: Statement of Supports
 Available Decision: 23.09.2020-23.09.2021 Approved
 Requested By:
 Date of Request: 29/10/2020
 History Log:
 29.10.2020 11:51:07
 Additional documents submitted whilst awaiting internal review attached to inbound documents as

Buttons: Edit, Withdraw, Back

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.

- Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.

* Date of Request: 29/10/2020
 * Supporting Info:
 History Log: 29.10.2020 11:51:07

Buttons: Submit, Save, Cancel

Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.



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5. Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.

Image

caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

6. For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports

- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.



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7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)

Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.



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4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the '**Plan reviewed early or amended**' box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure –](#)



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[Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome

1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.



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- For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.

Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have



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been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant’s request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan



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Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add “This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same”.

b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager

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once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).

- Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.



Part 9: Delegate

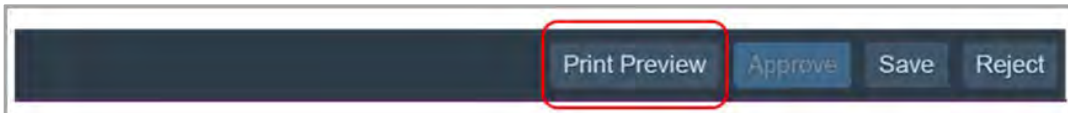
Generate Plan only: YES NO

In approving this statement of participant supports, [redacted] have had regard to the participants statement of goals and aspirations, relevant assessments conducted in relation to the participant (see attached), the applicable NDIS rules, the principle that the participant should manage their plan to the extent that they wish to and the operation and effectiveness of any previous plans of the participant. In addition, in respect of the reasonable & necessary supports that will be funded and the general supports that will be provided, I have satisfied myself of each of the relevant criteria that apply.

Delegate Approval: YES NO

Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



Print Preview Approve Save Reject

Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

- Select **Delegate Approval** and then select the **Submit** button.
- If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
- Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome (except SDA). The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

- Confirm the s100 alert is active on the participant's record.



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2. Refer to the [Higher Decision Delegate Standard Operating Procedure](#) for assigning plans for approval.

Note: If the request is at risk of aging or there is an escalation, refer to your Assistant Director who will complete the approval process.

Note: When adding the HDD interaction, only complete part 16 of the “**Plan submitted for Approval**” interaction.

Note: You will need to seek preliminary endorsement from your line manager. APS6 delegates can endorse their own plans and do not require a second level quality check.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant’s record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant’s record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
- One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
- If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.

1. Identify who is authorised to discuss this review, as per the participant’s record on the system.



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Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded



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- Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
- Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
- For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.
 - **Email Template for Decision Letter:**



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Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.
5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:
 - Discuss the request with your line manager or Assistant Director for endorsement.



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Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.
2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.
 - Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search s22(1)(a)(i) - irrelevant material (KM0054) CRM inbox for the Participant's name and open ATHM item/s.



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- If an open AT or HM item is found, and the interaction ID starts “700” you will need to un-assign the AT or HM work item back to WLM by using “User Unavailable” as a reason.
 - Then apply an extreme workflow identifier to the participant’s record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of “700” you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.
- Note:** This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)



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6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
11.0	DII394 KMM575	Class 1 approval. Changes after Directors Review. Updating based on director feedback. Linked all new SOPs. Quality check and accessibility.	APPROVED DLL320 SWO065	2021-11-26
12.0	DII394	Class 1 Approval Updated the HDD referral process.	APPROVED SWO065 DLL320	2021-12-10
13.0	LWO022 KMM575	HDD process update. Document pre contact SMS sent. Wording updates for LH staff. Housing referral changed to ^{s22(1)(a)(i) - 31e} [redacted] Linked to mid cost AT SOPs. Pre-requisite added for change to section 100(5) of the Act. Wording change at the desktop review where there are changes to the disability. Justification to include TSP has been considered. APS5 and IROs without delegation to seek line manager support prior to contacting TAB. Removal of NDIS contact.	APPROVED	2022-03-11
14.0	LW0022 KMM575	Added - Initial contact required for all s100 requests where a participant funding has been reduced by more than 20% in the most recent plan. Call required if decision reduces plan funding by more than 20%.	APPROVED RMO411	2022-09-08



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Version	Amended by	Brief Description of Change	Status	Date
15.0	LW0022 KMM575	Initial contact required when the Acknowledgement letter time frame of 14 days has not passed. Change from 40% to 50% inflation for endorsement by Assistant Director.	APPROVED	2022-09-09
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from "consider" to "include" in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant's preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20



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Version	Amended by	Brief Description of Change	Status	Date
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24

8. Appendices

8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.



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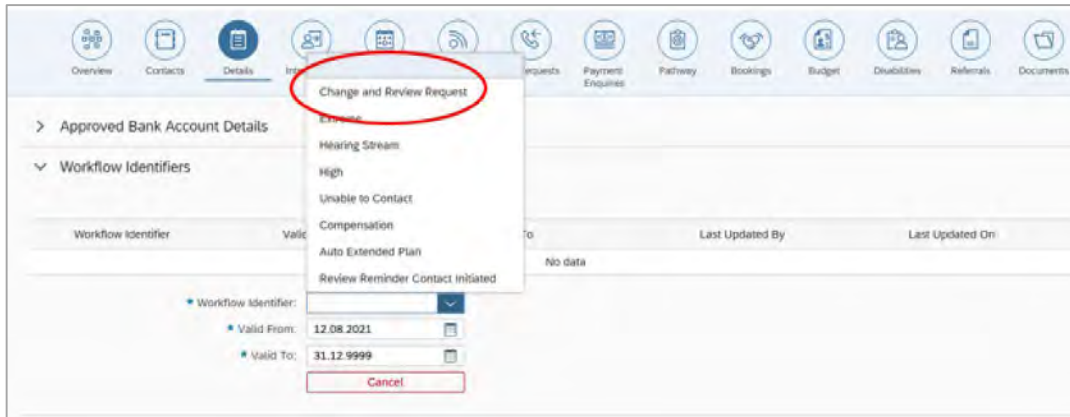


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.

8.1.3 Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

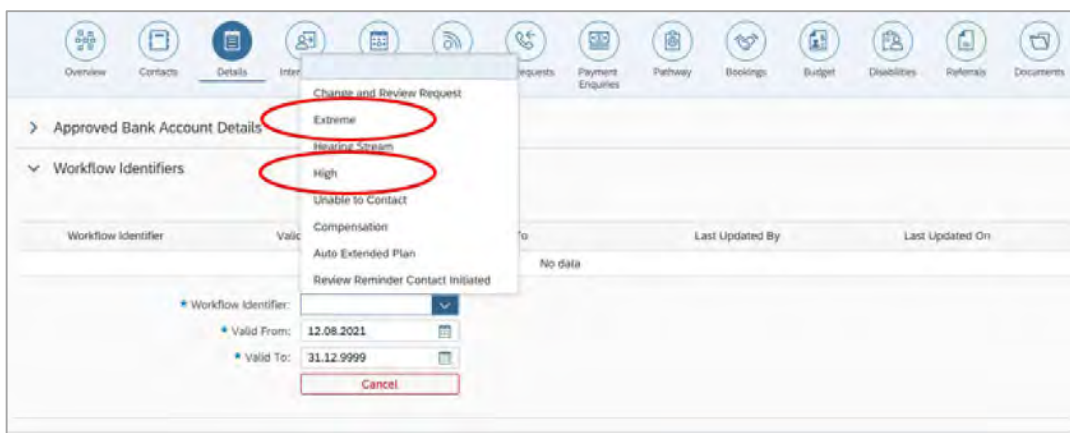


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact,



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Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.

8.2.1.2 During the call

- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).



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8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?
- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?

Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.



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- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.
- Assess what is currently in place to manage the risk.
- Assess the potential consequences.
- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant's interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).



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- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant's plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.

- Mainstream or community supports can address the need.
- Paying providers.

You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.



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- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.
- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).

8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.



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Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).

Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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The contents of this document are OFFICIAL.

Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
March 2023	Amended Content: Higher Delegation Approvals Process Level 4.

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant’s statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to consider the requests on the merits of the situation and make contact with a participant when required.



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For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance , [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

4. Procedure

4.1 Conduct a desktop review

4.1.1 Finding and uploading documents



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As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled “**s100 internal review request dd/mm/yyyy**”.

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.2 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.3 Review the evidence available

1. Review the participant’s record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don’t fund it and we need the evidence to justify the decision.



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3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).
6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.4 Review other details on participant's record.



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1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email s47E(d) - cella @ndis.gov.au. The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
 - If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to s22(1)(a)(ii) - irrelevant material system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in s22(1)(a)(ii) - irrelevant material. In your email include the Participant's name, their NDIS number and the work item number.
2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.



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4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but



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unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.

5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
 - Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
 - Acknowledge the type of internal review
 - Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
 - If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.



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- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction!. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert](#). Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.



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4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.
3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)

1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database:
 - For HaL internal review requests:

In the database **comments** field enter: RFI pending for s100

- For other internal review requests:

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.



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In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.



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4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.



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If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example xxxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).



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6. An internal review request on a decision not to vary a plan or the outcome of a variation under(s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to [s47E\(d\) - certain operations of agencies @ndis.gov.au](mailto:s47E(d)-certain-operations-of-agencies@ndis.gov.au)

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan



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- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.

Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.



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Request #:
 Reviewable Decision: Statement of Supports
 Available Decision: 23.09.2020-23.09.2021 Approved
 Requested By:
 Date of Request: 29/10/2020
 History Log:
 29.10.2020 11:51:07
 Additional documents submitted whilst awaiting internal review attached to inbound documents as

Buttons: Edit, Withdraw, Back

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.

- Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.

* Date of Request: 29/10/2020
 * Supporting Info:
 History Log: 29.10.2020 11:51:07

Buttons: Submit, Save, Cancel

Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



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Image

caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

6. For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports

- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.



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Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)

Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).



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A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration:** Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the '**Plan reviewed early or amended**' box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.



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- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome

1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for



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determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.

Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.



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Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant’s request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.



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1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add “This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same”.

b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section.



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This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.

Part 9: Delegate

Generate Plan only: YES

In approving this statement of participant supports, [redacted] have had regard to the participants statement of goals and aspirations, relevant assessments conducted in relation to the participant (see attached), the applicable NDIS rules, the principle that the participant should manage their plan to the extent that they wish to and the operation and effectiveness of any previous plans of the participant. In addition, in respect of the reasonable & necessary supports that will be funded and the general supports that will be provided, I have satisfied myself of each of the relevant criteria that apply.

Delegate Approval: YES

Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.

Print Preview Approve Save Reject

Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome (except SDA). The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. You will need to seek preliminary endorsement from your line manager.
APS6 delegates do not require a second level quality check.
2. Complete the **s100 – Higher Decision Delegate Approval Level 4** interaction from the [Internal Review of a Planning Request Interaction Templates](#) and assign it to your Assistant Director (AD) for approval.



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3. Your AD will review the plan which will result in plan progression.
4. Your AD will follow the [Standard Operating Procedure – Finalise and approve a plan](#) to approve the plan and add the following content to the existing **s100 – Higher Decision Delegate Approval Level 4** interaction:

s100 has been approved in CRM by IRT AD <Logon ID> on <dd/mm/yyyy> and this interaction has been assigned to the IRO to finalise the s100.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
 - One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
 - If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.
1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).



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Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide



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concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).

- Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
- For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>



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I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.
5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:
 - Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.



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- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.
2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.
- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search s22(1)(a)(ii) - irrelevant material (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.



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- Then apply an extreme workflow identifier to the participant’s record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of “700” you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.
- Note:** This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business](#)



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[Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
11.0	DII394 KMM575	Class 1 approval. Changes after Directors Review. Updating based on director feedback. Linked all new SOPs. Quality check and accessibility.	APPROVED DLL320 SWO065	2021-11-26
12.0	DII394	Class 1 Approval Updated the HDD referral process.	APPROVED SWO065 DLL320	2021-12-10
13.0	LWO022 KMM575	HDD process update. Document pre contact SMS sent. Wording updates for LH staff. Housing referral changed to s22(1)(a)(i) - WP ██████████ Linked to mid cost AT SOPs. Pre-requisite added for change to section 100(5) of the Act. Wording change at the desktop review where there are changes to the disability. Justification to include TSP has been considered. APS5 and IROs without delegation to seek line manager support prior to contacting TAB. Removal of NDIS contact.	APPROVED	2022-03-11
14.0	LW0022 KMM575	Added - Initial contact required for all s100 requests where a participant funding has been reduced by more than 20% in the most recent plan. Call required if decision reduces plan funding by more than 20%.	APPROVED RMO411	2022-09-08
15.0	LW0022 KMM575	Initial contact required when the Acknowledgement letter time frame of 14 days has not passed. Change from 40% to 50% inflation for endorsement by Assistant Director.	APPROVED	2022-09-09



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Version	Amended by	Brief Description of Change	Status	Date
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from “consider” to “include” in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant’s preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24
19.0	KMM575	Higher Delegation Approvals Process Level 4.	APPROVED	2023-03-03



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8. Appendices

8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.

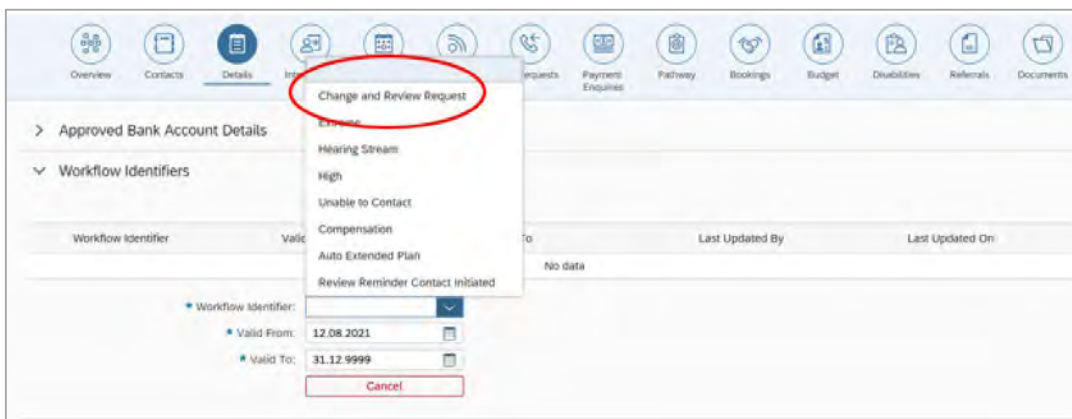


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.



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6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.

8.1.3 Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

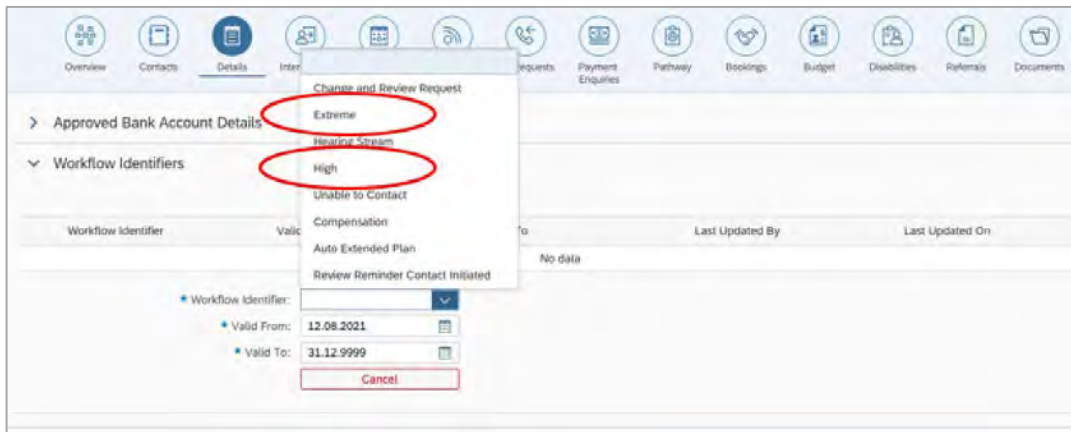


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.



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- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.

8.2.1.2 During the call

- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).

8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?



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- Is the request because something has changed for the participant since the original decision?
- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?

Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.
- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:



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- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.
- Assess what is currently in place to manage the risk.
- Assess the potential consequences.
- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant's interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).
- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant's plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.



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Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.

- Mainstream or community supports can address the need.
- Paying providers.

You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.
- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).



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- Now is also a good time to confirm their communication preferences.
- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).

8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.

The screenshot shows a 'Request Details' form with the following fields:

- Request #: 8000390202
- Reviewable Decision: Statement of Supports
- Available Decision: 0001037881 08.09.2020-07.09.2023 Approved
- Requested By: [Redacted]
- * Date of Request: 19/10/2020
- * Supporting info: [Redacted]

The 'Supporting info' field is highlighted with a red border, indicating where the interaction should be recorded.

Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.



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1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).

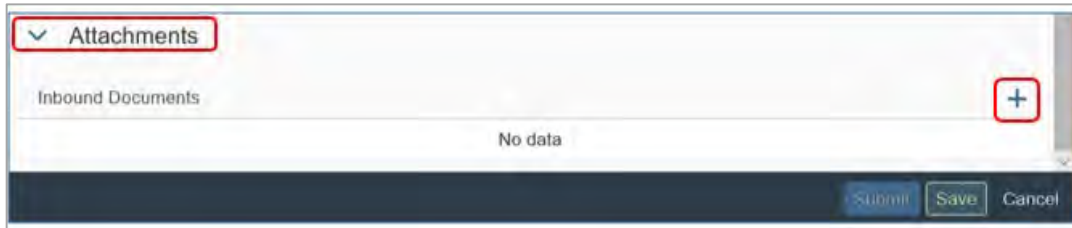


Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

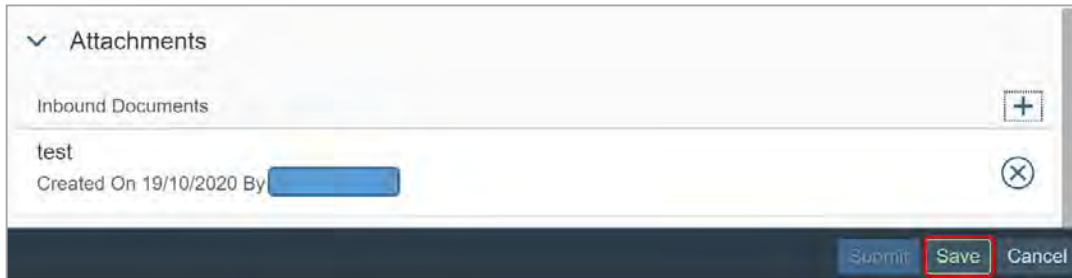


Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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The contents of this document are OFFICIAL.

Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
March 2023	<p>Removed Content:</p> <p>4.2.3 Removal of updating the database for HaL cases.</p> <p>Reminder for HaL case to action RFI in alert in CRM and PACE request for further information section.</p> <p>Added Content:</p> <p>4.1.1 How to action a scheme integrity alert</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports. <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant's statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to



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consider the requests on the merits of the situation and make contact with a participant when required.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance , [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

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4.1 Conduct a desktop review



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4.1.1 View and action alerts

Note: Active alerts will be shown when the participant record is open.

1. Check if there is a Scheme Integrity Alert.
2. If there is a Scheme Integrity Alert, check interactions for details that an email has been to the Scheme Integrity Team to notify them of an internal review request for a plan change.
3. If an email has not been sent to the **Scheme Integrity Team**, send the following email to them via the IRT planning email at [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au):

A request for an internal review plan change has been received for <participant's NDIS number, their full name, and date request received>.

4. Add the below template to the s100 Request Received Interaction:

As per alert, an email has been sent to [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au) advising an internal review plan change request was received. <Copy the email details into the interaction>.

Note: Do not proceed with completion of an internal review decision until a response is received back from the Scheme Integrity Team. If you have not received a response from the Scheme Integrity Team prior to the internal review being at risk of lapsing, speak with your Line Manager for direction.

4.1.2 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled "**s100 internal review request dd/mm/yyyy**".

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.3 Review the category and requested outcomes



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Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.4 Review the evidence available

1. Review the participant's record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.
3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a



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withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.5 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email [447E\(d\)-cells@ndis.gov.au](mailto:447E(d)-cells@ndis.gov.au). The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of, to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.



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- If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
- If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to s22(1)(a)(ii) - irrelevant material system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in s22(1)(a)(ii) - irrelevant material. In your email include the Participant's name, their NDIS number and the work item number.

2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)



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Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:



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- Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
- Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
- Acknowledge the type of internal review
- Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
- If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.



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- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

- ## 10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert.](#) Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.



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3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)

1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database (excluding HaL internal review requests these are completed in PACE request further information section):

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.



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3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.



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At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example
xxxxxxxxxx@directsms.com.au



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3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under(s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.



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Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to s47E(d) - certain operations of agencies@ndis.gov.au

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.



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Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

The screenshot shows a web interface for a 'Request #'. The 'Reviewable Decision' is 'Statement of Supports'. The 'Available Decision' is '23.09.2020-23.09.2021 Approved'. The 'Requested By' field is empty. The 'Date of Request' is '29/10/2020'. Below this is a 'History Log' table with one entry: '29.10.2020' at '11:51:07'. A text box below the log contains the message: 'Additional documents submitted whilst awaiting internal review attached to inbound documents as'. At the bottom of the form, there are three buttons: 'Edit' (highlighted with a red box), 'Withdraw', and 'Back'.

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.



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- Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.



Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



Image caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

- For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports



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- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)



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Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.



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Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the **'Plan reviewed early or amended'** box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome



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1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.



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Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my



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plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant's request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add "This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same".



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b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.



Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



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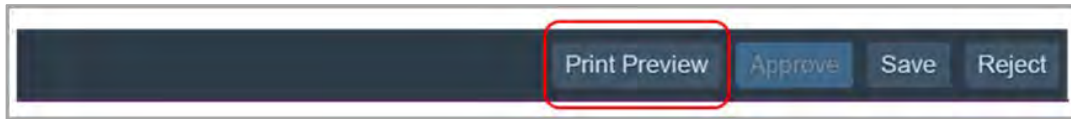


Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome (except SDA). The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. You will need to seek preliminary endorsement from your line manager.
APS6 delegates do not require a second level quality check.
2. Complete the **s100 – Higher Decision Delegate Approval Level 4** interaction from the [Internal Review of a Planning Request Interaction Templates](#) and assign it to your Assistant Director (AD) for approval.
3. Your AD will review the plan which will result in plan progression.
4. Your AD will follow the [Standard Operating Procedure – Finalise and approve a plan](#) to approve the plan and add the following content to the existing **s100 – Higher Decision Delegate Approval Level 4** interaction:

s100 has been approved in CRM by IRT AD <Logon ID> on <dd/mm/yyyy> and this interaction has been assigned to the IRO to finalise the s100.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome



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Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
- One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
- If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.

1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been



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Identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
 - Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
 - For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).



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- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other](#)



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[accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.

5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:

- Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.

2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.

- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.



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2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search [REDACTED] (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.
 - Then apply an extreme workflow identifier to the participant's record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of "700" you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.

Note: This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)



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- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from “consider” to “include” in delegate decision justification section 4.7.	APPROVED	2022-11-28



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Version	Amended by	Brief Description of Change	Status	Date
		Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.		
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant's preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24
19.0	KMM575	Higher Delegation Approvals Process Level 4.	APPROVED	2023-03-03
20.0	KMM575 LW0022	Removal of updating the database for HaL cases. How to action a scheme integrity alert. Minor update to wording of HaL s100 for RFI to action in PACE	APPROVED T	2023-03-10

8. Appendices

8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC



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A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.

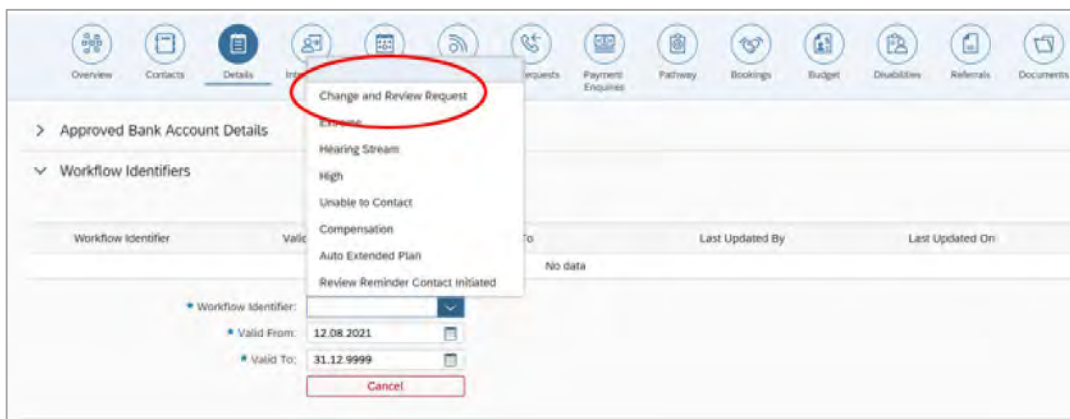


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.

8.1.3 Priority referral of Review Application



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For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

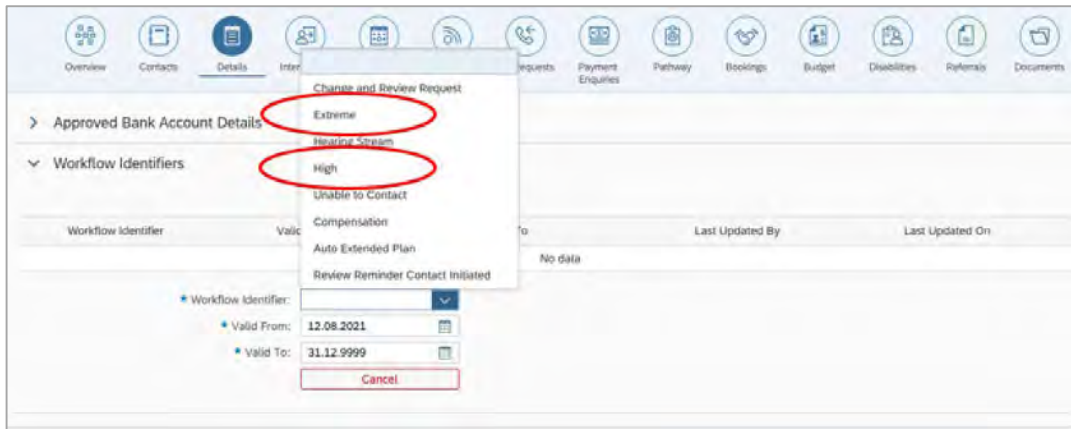


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.

8.2.1.2 During the call



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- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).

8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?
- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?



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Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.
- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.
- Assess what is currently in place to manage the risk.
- Assess the potential consequences.



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- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant's interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).
- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant's plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.

- Mainstream or community supports can address the need.
- Paying providers.



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You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.
- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.
- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).



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8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.

The screenshot shows a 'Request Details' form with the following fields:

- Request #: 8000390202
- Reviewable Decision: Statement of Supports
- Available Decision: 0001037881 08.09.2020-07.09.2023 Approved
- Requested By: [Redacted]
- * Date of Request: 19/10/2020
- * Supporting Info: [Redacted]

The 'Supporting Info' field is highlighted with a red rounded rectangle.

Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).



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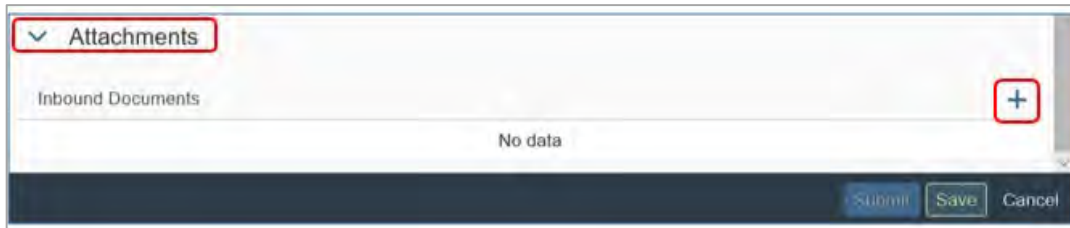


Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

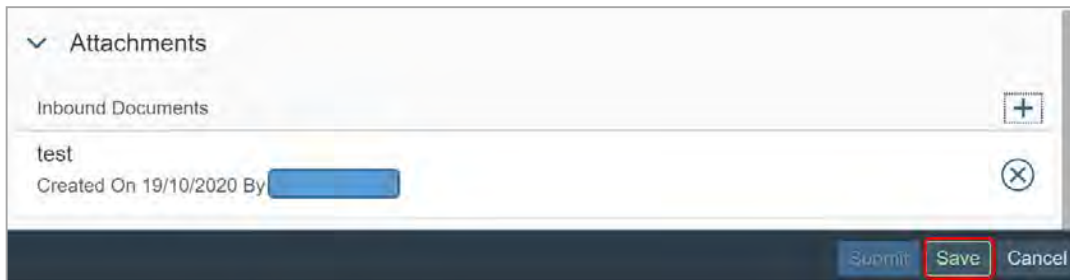


Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
April 2023	<p>Amended Content:</p> <p>At Section 4.7 Approve the new plan, at point 8, this now includes implementing SDA.</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant’s statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to consider the requests on the merits of the situation and make contact with a participant when required.



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For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance , [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

4. Procedure

4.1 Conduct a desktop review

4.1.1 View and action alerts

Note: Active alerts will be shown when the participant record is open.



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1. Check if there is a Scheme Integrity Alert.
2. If there is a Scheme Integrity Alert, check interactions for details that an email has been to the Scheme Integrity Team to notify them of an internal review request for a plan change.
3. If an email has not been sent to the **Scheme Integrity Team**, send the following email to them via the IRT planning email at [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au):

A request for an internal review plan change has been received for <participant's NDIS number, their full name, and date request received>.

4. Add the below template to the s100 Request Received Interaction:

As per alert, an email has been sent to [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au) advising an internal review plan change request was received. <Copy the email details into the interaction>.

Note: Do not proceed with completion of an internal review decision until a response is received back from the Scheme Integrity Team. If you have not received a response from the Scheme Integrity Team prior to the internal review being at risk of lapsing, speak with your Line Manager for direction.

4.1.2 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled "**s100 internal review request dd/mm/yyyy**".

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.3 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:



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- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.4 Review the evidence available

1. Review the participant's record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.
3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For



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further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.5 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email [s47E\(d\) - co@ndis.gov.au](mailto:s47E(d) - co@ndis.gov.au). The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of, to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).



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- If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to [redacted] system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in [redacted] s22(1)(a)(ii) - irrelevant material. In your email include the Participant's name, their NDIS number and the work item number.

2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified).



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Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).



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- Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
- Acknowledge the type of internal review
- Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
- If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminarily assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.



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Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert](#). Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.
3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)



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1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database (excluding HaL internal review requests these are completed in PACE request further information section):

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.



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7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.



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If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example
xxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter



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5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under(s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.



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- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to s47E(d) - certain operations of agencies@ndis.gov.au

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAT enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.

Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you



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identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

The screenshot displays a web form for a review request. The form includes the following fields and data:

- Request #:** (empty)
- Reviewable Decision:** Statement of Supports
- Available Decision:** 23.09.2020-23.09.2021 Approved
- Requested By:** (empty)
- Date of Request:** 29/10/2020
- History Log:**

29.10.2020	11:51:07
------------	----------

Below the history log, there is a text box containing the message: "Additional documents submitted whilst awaiting internal review attached to inbound documents as". At the bottom of the form, there are three buttons: "Edit" (highlighted with a red box), "Withdraw", and "Back".

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.

4. Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.



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Image

caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



Image

caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

- For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports



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- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)



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Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.



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Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the **'Plan reviewed early or amended'** box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome



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1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.



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Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my



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plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant's request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add "This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same".



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b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.



Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



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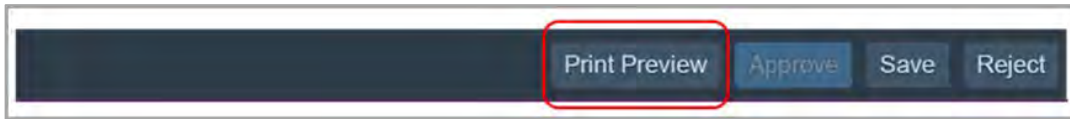


Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome. The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. You will need to seek preliminary endorsement from your line manager.
APS6 delegates do not require a second level quality check.
2. Complete the **s100 – Higher Decision Delegate Approval Level 4** interaction from the [Internal Review of a Planning Request Interaction Templates](#) and assign it to your Assistant Director (AD) for approval.
3. Your AD will review the plan which will result in plan progression.
4. Your AD will follow the [Standard Operating Procedure – Finalise and approve a plan](#) to approve the plan and add the following content to the existing **s100 – Higher Decision Delegate Approval Level 4** interaction:

s100 has been approved in CRM by IRT AD <Logon ID> on <dd/mm/yyyy> and this interaction has been assigned to the IRO to finalise the s100.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record
2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome



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Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
- One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
- If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.

1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:

Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been



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Identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
 - Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example, Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.
 - For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).



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- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**

Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other](#)



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[accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.

5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:

- Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.

2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.

- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.



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2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.
 - Then apply an extreme workflow identifier to the participant's record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of "700" you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.

Note: This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)



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- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from “consider” to “include” in delegate decision justification section 4.7.	APPROVED	2022-11-28



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Version	Amended by	Brief Description of Change	Status	Date
		Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.		
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant's preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24
19.0	KMM575	Higher Delegation Approvals Process Level 4.	APPROVED	2023-03-03
20.0	KMM575 LW0022	Removal of updating the database for HaL cases. How to action a scheme integrity alert. Minor update to wording of HaL s100 for RFI to action in PACE	APPROVED	2023-03-10
21.0	KMM575	Section 4.7: Approve the new plan, at point 8, now includes implementing SDA.	APPROVED	2023-04-6

8. Appendices



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8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.

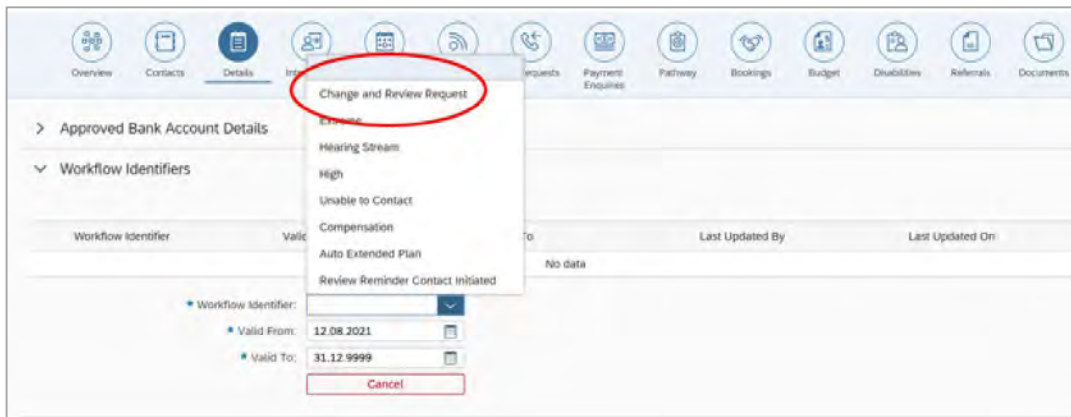


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.



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8.1.3 Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

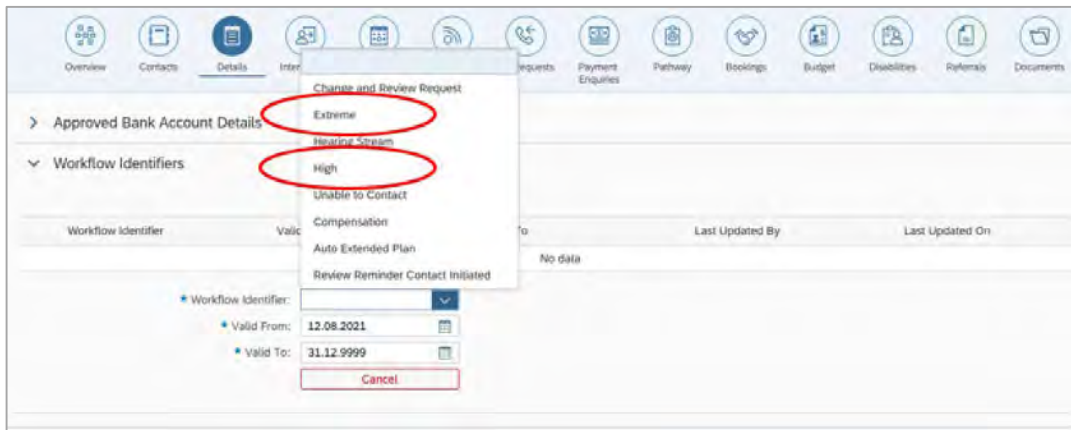


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.



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8.2.1.2 During the call

- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).

8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?



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- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?

Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.
- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.



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- Assess what is currently in place to manage the risk.
- Assess the potential consequences.
- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant’s interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).
- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant’s plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.



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- Mainstream or community supports can address the need.
- Paying providers.

You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.
- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.



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- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).

8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C– Linking Evidence to the s100 form

Update **Supporting Information**, if required.

The screenshot shows a 'Request Details' form with the following fields:

- Request #: 8000390202
- Reviewable Decision: Statement of Supports
- Available Decision: 0001037881 08.09.2020-07.09.2023 Approved
- Requested By: [Redacted]
- * Date of Request: 19/10/2020
- * Supporting info: [Redacted]

Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).



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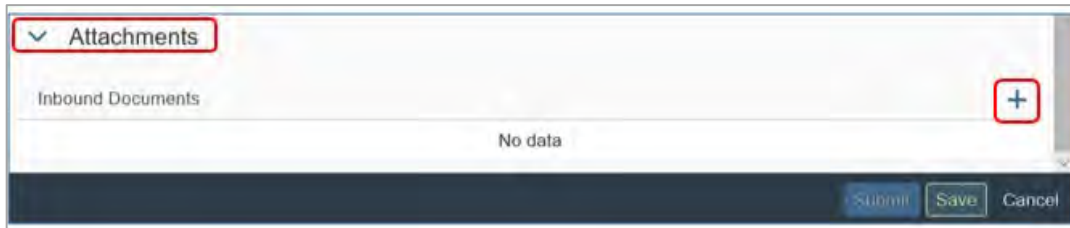


Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

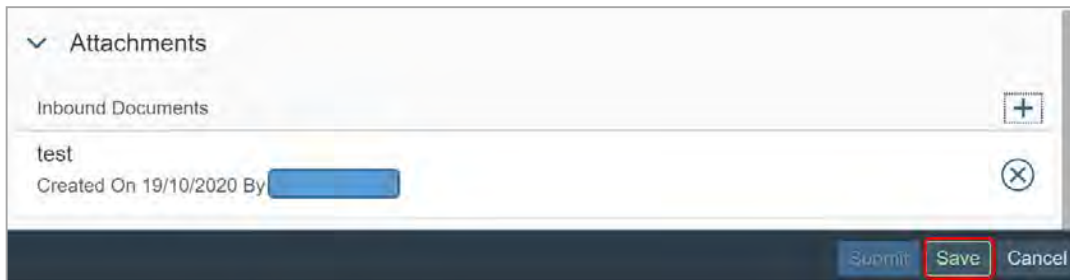


Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.



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The contents of this document are OFFICIAL.

Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
May 2023	<p>Added Content</p> <p>At Section 4.7, link included to Actioning Internal Review Home and Living Requests Standard Operating Procedure and process for IROs without PACE access.</p> <p>Appendix D – Creating and Implementing SDA Quotes.</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning



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Topic	Checklist
	<p>and Reassessments and Reviews before assessing requested supports.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure. <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
<p>Actions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form <input type="checkbox"/> 8.4 Appendix D – Creating and Implementing SDA Quotes

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant's statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to



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consider the requests on the merits of the situation and make contact with a participant when required.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance, [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).

If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

4. Procedure

4.1 Conduct a desktop review



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4.1.1 View and action alerts

Note: Active alerts will be shown when the participant record is open.

1. Check if there is a Scheme Integrity Alert.
2. If there is a Scheme Integrity Alert, check interactions for details that an email has been to the Scheme Integrity Team to notify them of an internal review request for a plan change.
3. If an email has not been sent to the **Scheme Integrity Team**, send the following email to them via the IRT planning email at [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au):

A request for an internal review plan change has been received for <participant's NDIS number, their full name, and date request received>.

4. Add the below template to the s100 Request Received Interaction:

As per alert, an email has been sent to [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au) advising an internal review plan change request was received. <Copy the email details into the interaction>.

Note: Do not proceed with completion of an internal review decision until a response is received back from the Scheme Integrity Team. If you have not received a response from the Scheme Integrity Team prior to the internal review being at risk of lapsing, speak with your Line Manager for direction.

4.1.2 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled "**s100 internal review request dd/mm/yyyy**".

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.3 Review the category and requested outcomes



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Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).
- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.4 Review the evidence available

1. Review the participant's record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.
3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a



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withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.5 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email [\[REDACTED\]@ndis.gov.au](mailto:[REDACTED]@ndis.gov.au). The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of, to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.



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- If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
- If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special circumstances considered, reassign the s100 work item or s100 feedback item request to [REDACTED] system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in [REDACTED] In your email include the Participant's name, their NDIS number and the work item number.

2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)



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Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:



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- Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
- Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
- Acknowledge the type of internal review
- Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
- If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.



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- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and progress on the s100 are captured in the one interaction. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

- ## 10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert.](#) Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.



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3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)

1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database (excluding HaL internal review requests these are completed in PACE request further information section):

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.



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3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.
7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.



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At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example
xxxxxxxxxx@directsms.com.au



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3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter
5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under(s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.



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Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.

- For mandatory requests relating to Core or Capacity Building Supports, the [IRT TAB Advice Request email](#) needs to be completed and emailed to s47E(d) - certain operations of agencies@ndis.gov.au

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAB enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.



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Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

The screenshot displays a web form for a 'Request #'. The form includes the following fields and text:

- Request #:** (empty)
- Reviewable Decision:** Statement of Supports
- Available Decision:** 23.09.2020-23.09.2021 Approved
- Requested By:** (empty)
- Date of Request:** 29/10/2020
- History Log:**

29.10.2020	11:51:07
------------	----------
- Additional documents submitted whilst awaiting internal review attached to inbound documents as**

At the bottom of the form, there are three buttons: **Edit** (highlighted with a red box), **Withdraw**, and **Back**.

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.



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- Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.



Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



Image caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

- For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports



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- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)



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Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.



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Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the **'Plan reviewed early or amended'** box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome



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1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.



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Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my



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plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant's request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add "This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same".



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b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.

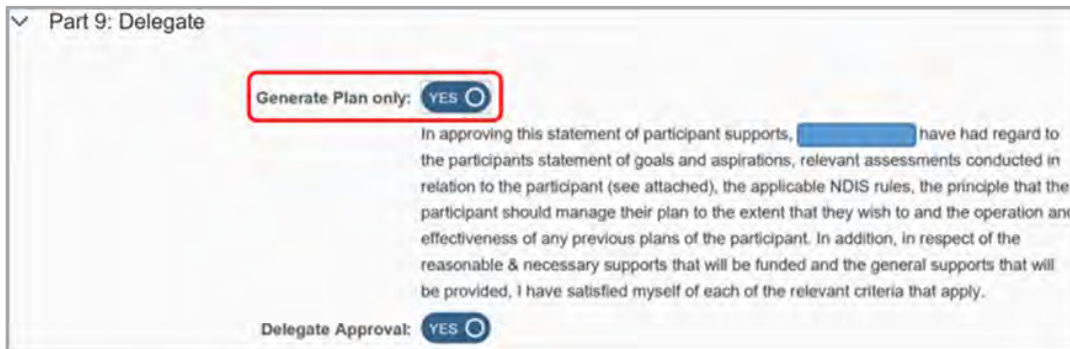


Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



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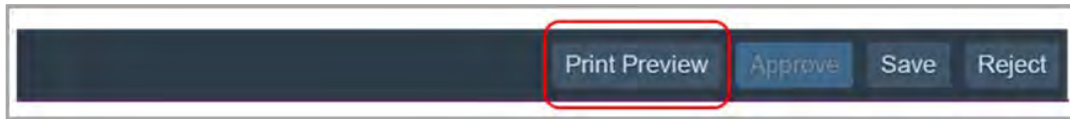


Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome.

Refer to [Actioning Internal Review Home and Living Requests Standard Operating Procedure](#).

Refer to [Appendix D – Creating and Implementing SDA Quotes](#).

IROs without PACE access will need to email their line manager who will confirm the SDA dollar value. In your email, include in the subject line:

PACE SDA Dollar Value Confirmation <NDIS Participant Number, Participant Name>

The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. You will need to seek preliminary endorsement from your line manager.
APS6 delegates do not require a second level quality check.
2. Complete the **s100 – Higher Decision Delegate Approval Level 4** interaction from the [Internal Review of a Planning Request Interaction Templates](#) and assign it to your Assistant Director (AD) for approval.
3. Your AD will review the plan which will result in plan progression.
4. Your AD will follow the [Standard Operating Procedure – Finalise and approve a plan](#) to approve the plan and add the following content to the existing **s100 – Higher Decision Delegate Approval Level 4** interaction:

s100 has been approved in CRM by IRT AD <Logon ID> on <dd/mm/yyyy> and this interaction has been assigned to the IRO to finalise the s100.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record



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2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
 - One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
 - If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.
1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:



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Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
 - Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example,



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Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.

- For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**



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Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.
5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:

- Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.

2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.



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- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search [REDACTED] (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.
 - Then apply an extreme workflow identifier to the participant's record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of "700" you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.



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Note: This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)
- [Actioning Internal Review Home and Living Requests Standard Operating Procedure](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control



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Version	Amended by	Brief Description of Change	Status	Date
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from "consider" to "include" in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant's preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24
19.0	KMM575	Higher Delegation Approvals Process Level 4.	APPROVED	2023-03-03
20.0	KMM575	Removal of updating the database for HaL cases. How to action a scheme	APPROVED	2023-03-10



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Version	Amended by	Brief Description of Change	Status	Date
	LW0022	integrity alert. Minor update to wording of HaL s100 for RFI to action in PACE		
21.0	KMM575	Section 4.7: Approve the new plan, at point 8, now includes implementing SDA.	APPROVED	2023-04-6
22.0	KMM575	Section 4.7 Point 8, implementing SDA process changes. Appendix D. TAB links updated.	APPROVED	2023-05-19

8. Appendices

8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.



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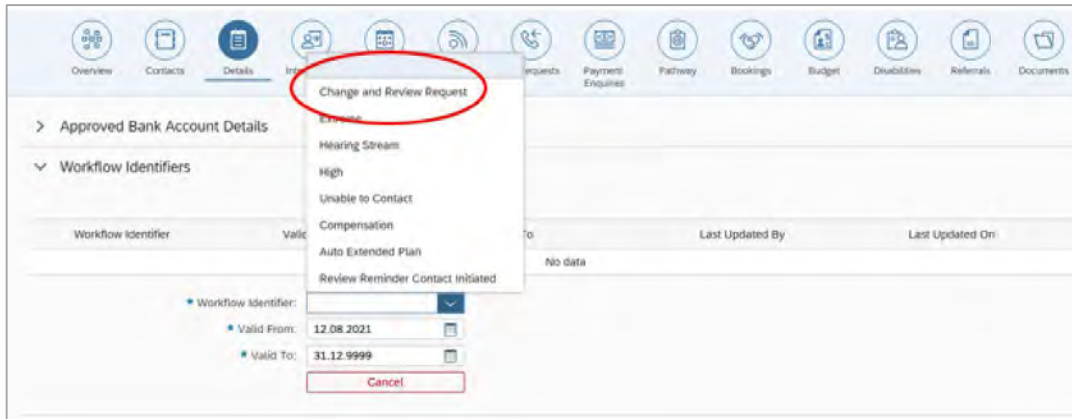


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved.

6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved**.
7. Select **Submit**.

8.1.3 Priority referral of Review Application

For those participants whose risk is considered **High/Extreme** discuss with your line manager if the review application requires priority referral resulting in the **Review Application** being drawn from **WLM** in the **next business day**.

If **Priority referral** has been **endorsed** refer again to [Standard Operating Procedure – Add or remove workflow identifiers](#).

1. Select the additional **Workflow Identifier** for **Extreme** or **High** depending on the risk rating.

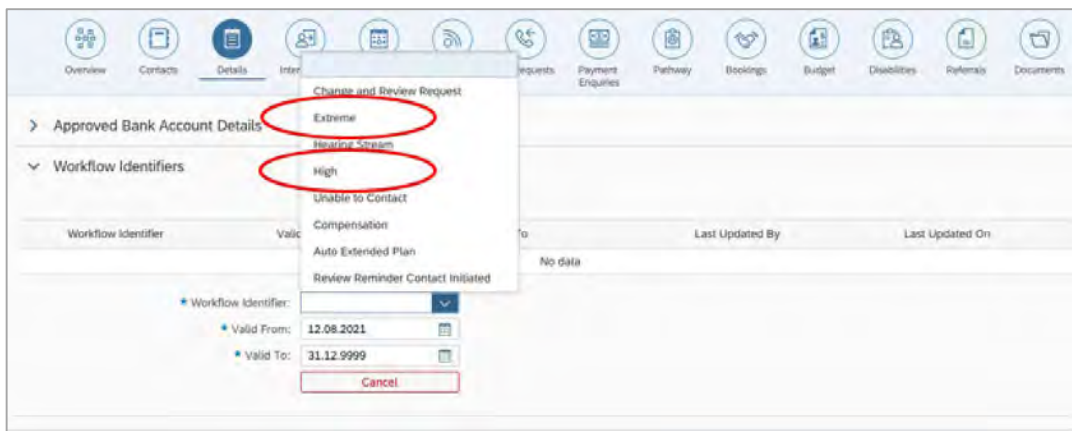


Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact,



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Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme and High highlighted in red.

2. The **Valid From** date will be the date the **review application** was **approved**.
3. Add a **Valid To** date for 4 calendar months from the date the **review application** was **approved**.
4. Select **Submit**.

8.2 Appendix B – Talking Points

8.2.1 Making the call

8.2.1.1 Pre Call Tasks

- Make sure you have conducted the relevant System investigation.
- Check if the preferred method of contact is via phone and/or if an interpreter is required.
- Identify all the talking points from this appendix that you will use during the call. This will avoid having to make multiple phone calls.

8.2.1.2 During the call

- Remember to be clear in your communication by not using acronyms, jargon or internal use terms.
- Take notes for documenting the details of the conversation in the System using the Initial Contact interaction and Supporting Information in the s100 form.

Note: The NDIA does not tolerate any abuse or threats directed towards staff. You should familiarise yourself with the [Managing Unreasonable Behaviour Guideline](#). Refer to your line manager for further guidance if required.

8.2.2 Acknowledge their request

- Identify that you are from the NDIA and provide your name and that you are from the Internal Review Team and the National Disability Insurance Agency has received their request for an internal Review.
- Confirm the person's identity or if you are not speaking with the participant, confirm their relationship and that they have authority to speak on behalf of the participant. If not politely explain you cannot discuss the matter without express consent of the participant and ask if you can speak directly to the participant. Refer to the [Standard Operating Procedure – Record and verify identity for an individual](#).



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8.2.3 Clarifying the request

Make sure you understand what outcome the participant is seeking with the request, and why the existing plan may not be meeting their needs.

It is important you are clear about the type of review is being requested so as not to disadvantage the participant or cause delays.

8.2.3.1 Points to identify for clarification and discussion with the participant.

The circumstances surrounding the request:

- Is the request about the statement of supports in the plan?
- Is the request about a decision not to review a plan (Section 48 reassessment)?
- Is the request to vary the plan (Section 47A)?
- Is the request only around plan management type?
- Is the request because something has changed for the participant since the original decision?
- Is the request because they were asked to have certain assessments and return the assessments once completed so the original decision maker can complete the decision?

Identify the outcomes the participant is seeking:

- For statements of support verify the nature, frequency, the dollar value and confirm the preferred plan management option for the supports.

Is there any relevant background information to be aware of?

- You may want to have further discussions now around any details you have come across in the planning conversation tool, interactions or information on the RORD form. Any additional details that the participant can provide clarity on will assist during the decision making process.

Is further information or evidence required?

- Provide clarity on the information you are asking for and why it is needed – are reports referred to but they are not on the system? Are there gaps in the information?
- Confirm a reasonable timeframe to return the information – up to 28 days.
- Advise if the evidence is not provided a decision will be made on what is available at the time.



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- Evidence can be from the participant, doctors, treating specialists and in the form of but not limited to; technical reports, written applications, letters and conversations with the participant relating to their lived experience.
- Advise how this additional information will assist in reaching a resolution.
- You will need to manage their expectations so they don't expect a favourable outcome on the provision of the evidence.
- If further information is being provided, a second contact will be made to follow up so confirm now when is a good time/day to make this contact to avoid delays.
- Inform the participant to return the evidence by emailing the documents to [Internal Reviews planning Outlook](#) Inbox.

Does risk exist and does the request need to be prioritised:

- When reviewing a request, consider whether the information in the request meets risk criteria outlined in the Escalation and Prioritisation matrix.
- Assess what is currently in place to manage the risk.
- Assess the potential consequences.
- You can also refer to Section 7.1 of the [Practice Guide – Safeguarding the participant's interests](#).

8.2.4 Review request is miscategorised

This option is for miscategorised reviews which have been confirmed after clarification with the participant. This only applies when the **entire** request is miscategorised.

- Complete the conversation and review by following the appropriate steps in the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#).

8.2.5 Review request can be withdrawn

This option is for participant requested withdrawals or for early resolution of requested supports achieved.

Discuss the option for withdrawal with the participant and inform them what withdrawing the internal review means. Once the request to withdraw is confirmed, follow the key talking points in the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).

- Record the conversation in both the s100 supporting information field and the s100 Request Received interaction using the **s100 - Request Withdrawn early resolution** interaction from the [Internal Review of a Planning Request Interaction Templates](#).



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- Once you have completed the withdrawal conversation, complete this review by following the Withdrawal of an Internal Review Request Standard Operating Procedure.

8.2.6 Seek an Early Resolution if applicable

There are certain scenarios where an early resolution is possible. If during the conversation you see one or more of the below key points are relevant you can discuss early resolution:

- Supports are already included in the participant's plan. There are funds in the plan that can be used flexibly to address a need.
- Low or nil utilisation in the overall budget.

The [Support budgets in your plan](#) on the NDIS internet page and the [Standard Operating Procedure - Monitor the Plan Budget](#) can assist you in identifying the above points.

Where possible encourage the participant to use the Myplace portal regularly to check their plan and track spending.

- Mainstream or community supports can address the need.
- Paying providers.

You can refer to the [Implementation](#) and [Monitoring](#) intranet page resources.

- Online Portal Code.

You can refer to the [Standard Operating Procedure - Generate an Activation Code](#).

If after this conversation the participant would like to withdraw their request, explain their review rights and what this means for them.

8.2.7 Explaining Review Rights

You need to support a participant's understanding regarding the possible outcomes of the request and the possible pathways moving forward if the participant is dissatisfied with the outcome.

- A delegate who was not involved in making the original decision, will conduct the review.
- The Internal Review Officer will consider the facts and circumstances at the time of making the internal review decision.
- The internal reviewer of this new request must decide whether to confirm, vary or set aside the original decision and substitute a new decision.
- The participant then has 28 days to apply to the Administrative Appeals Tribunal (AAT) for a review of a decision under Section 103.



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- The AAT will generally not make a decision to review an NDIA decision until the NDIA has undertaken an internal review.
- If the participant would like a decision despite early resolution being applicable they are within their rights to request this and therefore their rights to an external review through the AAT are protected.
- They can lodge a plan review request at any time if they have a change in circumstance.

8.2.8 Advise next steps

8.2.8.1 If the request is not suitable for early resolution advise:

- The request will be progressed for a decision. The timing of this may be dependent on additional information being submitted (if required).
- Now is also a good time to confirm their communication preferences.
- When a decision has been reached you will contact them by phone (or their preferred contact method) and explain the outcome and the reasons for decision (except for favourable outcomes where a decision letter will only be sent).

8.2.8.2 If early resolution has occurred advise:

- You will withdraw the request, then there is nothing further they need to do.
- A letter will be issued detailing the request has now been withdrawn.

8.2.9 Conclusion

- Make sure the participant understands the content of the call and confirm they understand.
- You can also remind the participant of the support pathways available via their Local Area Coordinator, EC Partner and/or Support Co-ordinator, the contact centre and local NDIS office.
- Remember to capture the conversation in the System on both the s100 form supporting information and the Contact interaction that has been created.

8.3 Appendix C – Linking Evidence to the s100 form

Update **Supporting Information**, if required.



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Image caption: Screenshot of the Request Details screen on the participant record showing the supporting information field where the interaction should be recorded.

1. Select **Add** to add **Attachments**, if required (Documents already in Inbound Documents).

Image caption: Screenshot of the Attachments screen highlighted by a red box showing the plus button on the right side to attach documents.

2. Select **Save**.

Image caption: Screenshot of the system Attachments screen showing a test document attached and a save button at the bottom right.

3. A success message displays. select **OK**.

8.4 Appendix D – Creating and Implementing SDA Quotes



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Note: If there is no SDA address for the participant at the time of implementation, this will need to be completed by National Delivery. Refer to section 4.11 Inform National Delivery or Partners in the Community of Decision Made in the [Complete a Planning Internal Review Decision Standard Operating Procedure](#).

1. Confirm the dwelling is enrolled. Refer to the [Check the Specialist Disability Accommodation Enrolled Dwelling Details Standard Operating Procedure](#).
2. Create the Quote. From the participant record, navigate to the Participant Pathway and select the **Implement** tab.

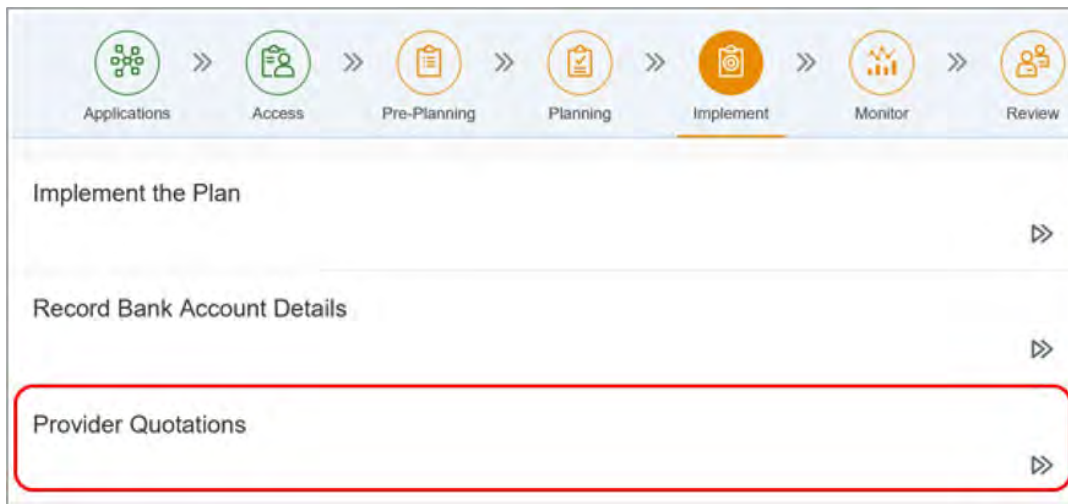


Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

3. Select **Provider Quotations**.
4. Select the check box next to **Home Modifications Specialist Disability / Accommodation (SDA)** and select **Next**. This will take you to a new screen to enter the relevant quote details.



Image caption: CRM screenshot showing the Manage Quote Opportunities screen. Home Modifications SDA - Specialist Disability Accommodation is displayed and the opportunity status is open and highlighted. The next button is highlighted.

5. Navigate to the upper right hand side of the page to **Quantity**, this will auto generate as 1.000.
6. At the **Type** drop down box, select **Home Modifications – New**.



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7. Navigate to the double box icon to activate the next screen to include the SDA provider details.
8. Enter the **Provider ID**, **Company Name** and set the **Address** as the enrolled dwelling address.
9. At the **Distance** dropdown box select **50km** to ensure maximum results.

Image caption: Screen shot from CRM, showing the Assign Providers to Quotable Items task. The Select Provider window is showing the fields for Provider ID, Company Name, and mandatory fields of Address and Distance.

10. Select **Go** to generate results.
11. Select the appropriate provider from the search results using the radio button.
12. Select **Submit**. This will take you back to the previous screen and auto populate the provider information.
13. At **Unit Price**, include the determined SDA value (do not include a dollar sign or other symbols).
14. At **Supply Details**, enter the relevant SDA details.
Supply details include: PACE Case number, Decision Date, Asset Provider, Address, SDA Type, Location, Category, Building Type, and Max Price.
15. Select **Submit**. You will be returned to the main **Provider Quotations** page.
16. Make sure all details and price are correct.
17. Select the radio button for **Approve this Quote**.
18. Within the **User Notes** field, include: SDA Quote has been processed and approved in CRM by IRO <Logon ID>
19. Select **Submit**.



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Image caption: Screen show of CRM shows the Home Modifications Specialist Disability (SDA) Screen. The Approve this quote radio button is selected and highlighted. The submit button is highlighted.

Once you have selected the submit button, a dialogue box will appear to inform you the plan value will increase by the SDA value included.

This screen will help determine if the quote is within level 4 delegation or if level 5 delegation is required.

20. Select **Yes** to proceed. Once **Yes** is selected, another dialogue box will appear to indicate if the quote has been approved successfully, if there was an error or id level 5 delegation is required.
21. If successful, select **Close** and proceed to complete the approval interaction. Refer to the [Internal Review of a Planning Request Interaction Templates.](#)
22. If level 5 delegation is required, refer to the [Level 5 Delegate Approval Standard Operating Procedure.](#)
23. If an error has occurred, refer to your Line Manager. Edit the SDA service booking to monthly. Refer to section 3.3 of the [Implement the Specialist Disability Accommodation \(SDA\) Quote Standard Operating Procedure.](#)



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The contents of this document are OFFICIAL.

Complete a Planning Internal Review Decision

This Standard Operating Procedure (SOP) will help you to make timely and quality decisions consistently by explaining:

- The key actions and pathways to make an s100 decision.
- When to communicate with participants or their authorised representatives.
- How to give effect to your decision.
- How to return the participant into the regular plan reassessment cycle.

Note: All references to “participant” in this document also refers to authorised representatives/nominees/child representatives.

1. Recent updates

Date	What's changed
June 2023	Amended content Process for requesting TAB advice.

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation or skill tags to access and modify review items on the Business System (system), for example, the s100 form. Otherwise, access to a Line Manager. <input type="checkbox"/> Access to the intranet to view linked SOPs and templates. <input type="checkbox"/> Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning and Reassessments and Reviews before assessing requested supports. <input type="checkbox"/> Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating



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Topic	Checklist
	<p>Procedure and Managing Miscategorised Internal Review Requests Standard Operating Procedure.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. <input type="checkbox"/> Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.0 Scope of Review <input type="checkbox"/> 4.1 Conduct a desktop review <input type="checkbox"/> 4.2 Contact the Participant <input type="checkbox"/> 4.3 Make a decision for the internal review request <input type="checkbox"/> 4.4 Make a preliminary decision on plan duration <input type="checkbox"/> 4.5 Submit a decision outcome <input type="checkbox"/> 4.6 Build the new plan (if required) <input type="checkbox"/> 4.7 Approve the new plan <input type="checkbox"/> 4.8 Record the Decision Outcome <input type="checkbox"/> 4.9 Communicate the Outcome of the decision (if required) <input type="checkbox"/> 4.10 Prepare and send the decision letter <input type="checkbox"/> 4.11 Inform National Delivery or Partners in the Community of decision made <input type="checkbox"/> 4.12 Complete remaining closure tasks <input type="checkbox"/> 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC <input type="checkbox"/> 8.2 Appendix B – Talking Points <input type="checkbox"/> 8.3 Appendix C – Linking evidence to the s100 form <input type="checkbox"/> 8.4 Appendix D – Creating and Implementing SDA Quotes

3. Scope of Review

3.1.1 Background

Along with considering new information, an IRO must consider the circumstances of the participant at the time of making the internal review decision (in line with the updated Our Guidelines – reviewing a decision – Reviewing our decisions). This means we can consider any changes since the original decision was made, which may impact a participant's statement of supports, such as, a change to their capacity to do things for themselves or an ongoing change to their living situation, which may mean they need more or less supports. Continue to consider the requests on the merits of the situation and make contact with a participant when required.

For further guidance on actioning an internal review refer to the [Principles of s100 Planning Review](#) guidance, [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) and the [Choose the Right Request Tool](#).



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If the request is unclear, seek advice from your line manager.

3.1.2 Referrals for specialist work – Home and Living (HaL) and Young People in Residential Aged Care (YPIRAC)

HaL and YPIRAC s100 review types have a referral pathway. If any of the below supports are in dispute as part of the s100 we need to refer them to the right area:

- Supported Independent Living (SIL) funding in dispute
- Supported Disability Accommodation (SDA) funding in dispute
- Medium Term Accommodation (MTA) in dispute
- Independent living options (ILO) in dispute
- Complex Home Modifications (CHM) in dispute
- NSW Living alone with significant supports (LASA) in dispute
- Young Persons in Residential Aged Care (YPIRAC)

The Review of Reviewable Decision (RORD) form or supporting information on the s100 work item should identify if the above supports are what is being disputed. Refer to any interactions on the record for any Home and Living applications and read file alerts. If you are unsure, confirm with your line manager.

If you have been assigned an s100 work item and the request is a dispute as listed above, complete the following steps:

1. In the **IRT Database**, identify the case in the review screen using the **browse all cases** button and close the record by entering in the Outcome as **Referral - Housing**. If the request is YPIRAC, enter the **Outcome** as **Referral – YPIRAC**.
2. Assign the s100 work item to the applicable inbox:
 - If the request is a YPIRAC participant, assign to s22(1)(a)(ii) - irrelevant material system inbox.
 - For all other home and living requests, assign the work item to s22(1)(a)(ii) - irrelevant material system inbox.

4. Procedure

4.1 Conduct a desktop review

4.1.1 View and action alerts

Note: Active alerts will be shown when the participant record is open.

1. Check if there is a Scheme Integrity Alert.



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2. If there is a Scheme Integrity Alert, check interactions for details that an email has been to the Scheme Integrity Team to notify them of an internal review request for a plan change.
3. If an email has not been sent to the **Scheme Integrity Team**, send the following email to them via the IRT planning email at [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au):

A request for an internal review plan change has been received for <participant's NDIS number, their full name, and date request received>.

4. Add the below template to the s100 Request Received Interaction:

As per alert, an email has been sent to [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au) advising an internal review plan change request was received. <Copy the email details into the interaction>.

Note: Do not proceed with completion of an internal review decision until a response is received back from the Scheme Integrity Team. If you have not received a response from the Scheme Integrity Team prior to the internal review being at risk of lapsing, speak with your Line Manager for direction.

4.1.2 Finding and uploading documents

As you review existing documents throughout the process of making a decision, make sure those documents are linked to the s100 form or s100 feedback form. If they are already in inbound documents under a different line, you will need to link the document to the s100 form or feedback form before reaching an outcome.

1. When you are reviewing a request and receive further information, this must be added to inbound documents under the line titled "**s100 internal review request dd/mm/yyyy**".

Note: If you are an internal review officer in the home and living team, the uploading of inbound documents includes the roster of care.

Refer to [Appendix C](#) for linking all evidence to the s100 form

Note: When uploading a document follow this naming convention style: Participant Surname First Name NDIS number Topic/Document Name and date (yyyy-mm-dd). For example Smith James 4312345678 Occupational Therapist Report 2021-July-25, or Smith James 4312345678 Internal Review Decision Letter 2021-July-25.

Note: For decision letters do not use the letter title in the naming convention.

4.1.3 Review the category and requested outcomes

Review the s100 Form, s100 Feedback Form or the Review of Reviewable Decision Form in Inbound Documents and the intake interaction and determine:

- The category of s100 review being requested (for example, a s100 on a statement of supports, a decision not to review a plan, or a variation outcome).



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- Why the participant has made the request and the outcomes they are seeking. For a review regarding statement of supports, identify the specific details of the request, including the requested frequency/nature/funding value of requested supports.

4.1.4 Review the evidence available

1. Review the participant's record for available evidence or information to support the review request. For example, assessments, reports, quotes and any interactions with the participant such as phone conversations.

Note: If you are an IRO reviewing an internal review containing a Home and Living request, consider the information provided in the [Supporting Evidence Form – Home and Living form](#).

2. As the participant had an opportunity to provide additional evidence at the time of the review request and following acknowledgement of the s100 it is not expected that the delegate will need to request additional information. Additional evidence should only be requested by delegates if it is likely to materially change the decision or there is an identified risk to the participant if we don't fund it and we need the evidence to justify the decision.
3. If additional evidence is required, follow the steps in [section 4.2](#) when contacting the participant.
4. Review the participant's record including all pre-planning and planning tasks in the current plan, justifications in the plan, the utilisation of these supports, and any other relevant interactions to develop an understanding of what was funded and why.

Important: Make sure to check the participant's record for any recent decision letters, such as s47A or s48. Decision letters are key documents in a desktop review to assist in understanding the request. Also review the interactions tab to determine if there is a s47A interaction record captured on the participant's record.

Note: [Panda Live V2](#) is a helpful tool to identify budget utilisation and plan value compared with TSP.

5. Consider whether there are opportunities for **early resolution** – for example, the participant's request may be achieved through flexible use of the plan. Unless supports are stated in the plan the core support budget is fully flexible. The capacity budget is flexible within each category across all non-stated support items. If early resolution seems likely to resolve the participant's request, they will need to understand a withdrawal is required and what this means when an internal review is withdrawn. If so, withdrawal can be discussed, refer to [section 8.2.6](#) for early resolution talking points. For further information on the early resolution criteria refer to the [Withdrawal of an Internal Review Request Standard Operating Procedure](#).



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6. Review open activities to identify if there is an open Change of Circumstances interaction – Request Disability Update. If the task is open do not continue until this has been completed. This process is estimated to take 48 business hours. Seek line manager advice if this has not been actioned within this timeframe.
7. Consider whether the requested supports are related to the disability/disabilities recorded. If these have been updated recently the National Operations Team will have added this to the open s100 alert. <Disability update approved/declined, NOT Delegate <login ID>, dd/mm/yyyy>. If there is no change in functional capacity proceed with the s100 or if there has been a change to functional capacity since the original decision this will need to be considered as part of the internal review.

If a decision relating to a an original decision for a variation or reassessment is required, refer to the steps in the [Standard Operating Procedure – Create a Plan Reassessment \(or variation\) request \(PRR\)](#).

8. Consider whether the approval and funding of the requested supports will have an impact on any other supports in the plan.

For example, the funding of vehicle modifications may lead to the removal of transport funds. If so, this will need to be discussed with the participant.

4.1.5 Review other details on participant's record.

1. Review the participant's record including alerts to make sure you are aware of any concerns. For example, it may be indicated the participant has complex needs or accessibility requirements and you may require the procedures from [Standard Operating Procedure – Assist the Participant with their preferred method of communication](#).
 - If you identify the participant is in the Complex Support Needs (CSN) pathway, contact the relevant staff member regarding the s100 review before proceeding. Their details can be found on an active alert on the file or interactions. If the staff member details are missing, email s47E(d) - ceifa@ndis.gov.au. The purpose of this contact is to advise CSN the participant has a s100 internal review request and clarify if there is any information IRT need to be advised of, to best support the participant with their internal review request. Record your conversation with the CSN team on the participant's s100 form.
 - If you determine the participant's circumstances meet the requirement for referral to the CSN pathway, refer to the [Referral for Complex Support Needs Pathway Standard Operating Procedure](#).
 - If you identify the participant is in receipt of compensation and has had a Compensation Reduction Amount (CRA) applied to their plan, or special



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circumstances considered, reassign the s100 work item or s100 feedback item request to [REDACTED] system inbox (the IRT Escalations Team holding bay) and send an email to the Internal Reviews Planning inbox and CC in [REDACTED] s22(1)(a)(ii) - irrelevant material In your email include the Participant's name, their NDIS number and the work item number.

2. If you identify the participant has been waiting for Assistive Technology (AT) or Home Modifications (HM), take note of this as additional closure tasks are required.

Refer to the [Managing Miscategorised Internal Review Requests Standard Operating Procedure](#) before progressing further.

After the completion of the desktop review, you should have developed a preliminary view for the request(s).

4.2 Contact the Participant

We attempt to include the participant as part of the decision making process and consider their communication preference.

For phone contact, consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

4.2.1 Preparing to Contact the Participant

Prior to the initial contact the Internal Review Officer (IRO) should:

1. Identify who is authorised to discuss this review, as per the participant's record on the system.
2. Review accessibility requirements and preferred communication method:
 - Refer to [section 4.2.2.1](#) for Phone contact
 - Refer to [section 4.2.2.2](#) for Email contact
 - Refer to [section 4.2.2.3](#) for Mail contact

Refer to the [Standard Operating Procedure – Assist the participant with their preferred method of communication](#)

Note: If during contact, there is a media threat, real or perceived during the internal review process, advise your Line Manager who will contact the Media Team and advise of any follow up action if required.

Note: Explore suitable alternative contact methods when contact has not been successful, for example phone disconnection or email rejection (especially where risks are identified). Alternatively, key authorised contacts in the system associated with the participant could be contacted to help identify any other avenues to contact the participant. No discussions



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regarding the purpose of the call should be had with third parties. Determine the best method of contact based on the available information.

4.2.2 An initial contact attempt is required for all internal review requests

4.2.2.1 Phone contact

1. Make one attempt to contact the participant. This attempt consists of a pre-call SMS advising an Internal Review Officer (IRO) will make contact from a private number. This must occur at least one hour prior to making the first phone call attempt. Refer to the [SMS Process](#) for instructions and the standard template.

If contact is successful refer to step 8.

2. If contact is unsuccessful, leave a voicemail where appropriate. These three items are considered as one contact attempt (pre-call SMS, phone attempt and voicemail).
3. Record all contact attempts and the pre-call SMS using the **Unable to Contact Interaction template** from the [Internal Review of a Planning Request Interaction Templates](#).

The contact attempt process for obtaining consent at intake remains 5 attempts over two days if risk is determined high or extreme.

4. If phone contact is unsuccessful, the IRO will send the [Unable to Contact email](#) and attach the [Internal Review Unable to Contact Letter](#) advising contact was attempted but unsuccessful and the Agency will wait 7 days from the date the contact was attempted to receive contact and/or further evidence. All emails must be sent from the [Internal Review Planning](#) outlook inbox.
5. Update the database with Unable to Contact due date.
6. If on day 8 the IRO has not received any correspondence or a response to the email sent, they must attempt a final phone call. This includes sending another pre-call SMS at least one hour prior.
7. If phone call contact is unsuccessful it is time to proceed with the review based on the information available.
8. If phone contact is successful:
 - Begin by stating your name, advising you are from the NDIA and verifying the identity of the person you are calling using the [Standard Operating Procedure – Verify identity for an individual](#) or [Standard Operating Procedure – Verify identity for a third party organisation](#).
 - Once identity verification is complete, confirm if it is a suitable time for the phone call. If not arrange a new time.
 - Acknowledge the type of internal review



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- Advise of the documents received which will be considered in the internal review. This will confirm with the participant all evidence submitted has been received.
- If additional evidence is requested by the IRO or the participant advises they have additional evidence, confirm a time frame to return the information – usually up to 28 days. Other timeframes can be agreed based on the individual circumstances of the internal review. Advise the participant to return the evidence by emailing the documents to [Internal Review Planning](#) Inbox and inform the participant to note their full name and NDIS number in the email subject. Some participants may prefer to send the information by mail, GPO Box 700, Canberra ACT 2601.

Send the Internal Review Request for Information Letter to the participant and upload this document onto the system.

Manage the participant's expectations and advise them if further evidence is provided there is no guarantee their review will be set aside.

Inform the participant they will receive a letter about the outcome of the review

Refer to [section 4.2.3 System process for recording Request for Information \(RFI\)](#) on the system.

- If the participant does not wish to provide further information, advise them the review will progress based on the available information.
- Confirm with the participant that as a result of the internal review decision a new plan may be created and confirm with the participant any preferences they may have regarding plan duration. If the review is for a statement of supports, enquire about their preferred plan management options for the requested supports. If you preliminary assess this preferred self-management or plan-management is unable to be provided based on the risk assessed (prohibited by agency guidance, and the participant only prefers the self/plan-management option), inform them you may record this as a declined request on the s100 review.
- Confirm their preferred method of contact for the internal review outcome notification. If the preferred method of contact is different from what is on the System, make a note of this in the **s100 – Contact** interaction.

9. Record this contact on the system.

Note: add your progress interactions to the s100 Request Received interaction already created during intake. This will make sure all contacts, conversations, actions and



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progress on the s100 are captured in the one interaction. Only defer from this when an open interaction is created and needs to be assigned to another team for action.

Make sure any specific supports withdrawn from the review (if any) by the Participant have been noted on the interaction.

Record the date of contact and progress of review in the IRT Database. Make sure the **Participant contacted date** field is completed.

10. If you are waiting for further information, make sure you have added an alert on the Participant record and set the review in the IRT Database to on hold. [Refer to Standard Operating Procedure – View or edit an alert](#). Once the requested evidence or further information is received, proceed with the review based on the information available.

4.2.2.2 Email contact

1. Send the [introduction email](#) to the participant's listed email address and request a reply within 7 days.

All emails must be sent from the [Internal Review Planning](#) outlook inbox.

2. Follow-up the email by sending an SMS to the participant. Refer to the [Email SMS Template](#).
3. If on day 8 there has been no response it is time to proceed with the review based on the information available.

4.2.2.3 Mail Contact

1. If the participant's preferred method of contact is listed as Letter on the system, the IRO must confirm the Acknowledgement letter was sent via mail. If this cannot be verified, the IRO must arrange for the [Internal Review Planning Acknowledgment Letter](#) to be posted to the participant's listed address.

Important: Check the **Details** screen to ensure the correct postal address is used. You can refer to the [Update Participant details Standard Operating Procedure](#).

2. If the Acknowledgement letter was sent, the IRO can then send the [Internal Review Request for Information Letter](#). The IRO must remove the "When </I we> contacted <you/name...." section and must also change the timeframe to 14 days under the **Next Steps** section.
3. Follow-up the letter by sending an SMS to the participant. Refer to the [Mail SMS Template](#).
4. If on day 15 there has been no response it is time to proceed with the review based on the information available.

4.2.3 System process for recording Request for Information (RFI)



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1. Create an **Alert** on the participant's record as per below with an end date calculated at the agreed end date from the day of request for information:

Primary:	<input type="checkbox"/>
* Alert:	S100 in progress
Additional Information:	RFI pending for s100
* Start Date:	04.03.2021
* End Date:	02.04.2021

Image caption: Screenshot showing a system Alert on the participant's record. The primary box is unticked, the Alert title is 's100 in progress', additional information states 'RFI pending for s100', the start date is 4.03.2021 and end date is 2.04.2021.

2. Update the Database (excluding HaL internal review requests these are completed in PACE request further information section):

Select the **Place on hold** button and enter the number of days until the next action date and select **OK**.

In the database **Comments** field enter: RFI pending for s100.

If the due date is extended update the **Next action date** field with the new due date.

If the information is received sooner than the due date, update the **Next action date** field with the date the information was returned.

Note: For extensions, do not enter the new due date by selecting the Place on hold button as reusing this field will overwrite the start date.

4.2.4 SMS Process

Note: Ensure the pre call SMS is sent at least 1 hour prior to making contact attempt.

Note: Further consideration prior to contact attempt should be made based on time zone for residency, gazetted public holidays and other relevant information such as school drop off and pick up times.

1. Select New Email.
2. In the from field, select the [Internal Reviews planning](#) email account.
3. Delete all signature details so the body of the email is completely blank.
4. In the To... field type the person's mobile number with the following domain name:
5. 04*****@directsms.com.au.
6. Select the appropriate SMS template.



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7. Depending on the participant's preferred contact method, a different SMS template will apply. For example, if a participant has a hearing impairment and their preferred method of contact is email, you will select the [Email SMS Template](#). Alternatively, if a participant's preferred method of contact is phone, you will select the [Phone SMS Template](#).
8. Add the template into the Subject field of the email.
9. Leave the body of the email blank.
10. Send, selecting **OFFICIAL** as the security classification.
11. Record that the SMS was sent in the interaction template s100 – Contact from the Internal Review of a Planning Request Interaction Templates.

4.2.5 Phone SMS Template

A representative from the NDIA will call you at <time>am/pm on dd/mm/yyyy from a private number. If this time does not suit please reply with your preferred day and time with your NDIS number.

4.2.6 Email SMS Template

Important Message: A representative from the NDIA has sent you an email on dd/mm/yyyy. Please check your email inbox.

4.2.7 Introduction Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon <Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> <plan approved/plan varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am <progressing/managing> <your/Participant's name> internal review request.

I note your current preferred method of communication is via email contact. If you would like me to call you this can be arranged. <If applicable: An interpreter can be arranged to assist with the phone call>.

At your earliest convenience, please arrange contact with me by calling 1800 800 110 or respond to this email with some possible times for me to call you. Alternatively, please reply to this email with any further information or evidence that you would like to be considered for this review. I will then proceed with the review with this additional information.



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If I do not hear from you by <date>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.8 Unable to Contact Email Template

Note: All emails must be sent from the [Internal Reviews Planning](#) outlook inbox and are to be uploaded to the participant's system record as a PDF file. In the subject line include the participant's NDIS number.

Good Morning/Afternoon < Participant's/Authorised Representative Name>,

Thank you for asking the National Disability Insurance Agency (NDIA) to review the earlier decision for <your/participant's name> plan <approved/varied> on <date>.

My name is <First Name of Internal Review Officer/Business Support Officer> and I am managing <your/Participant's name> internal review request.

I am writing to let you know I have been unable to contact you about the review. Please see my attached letter which outlines the dates and ways I have tried to contact you, <and the information I need from you in order to progress your review> and the next steps you can take to assist with the review.

At your earliest convenience, please arrange contact with me by calling 1800 800 110. Alternatively, please reply to this email with any further information or evidence that you'd like to be considered for this review. I will then proceed with the review with this additional information.

If I do not hear from you by <date 7 working days from today>, I will proceed with a decision based on the facts and circumstances I have available. You will receive notice of the decision outcome by letter sent to your email address provided.

4.2.9 Mail SMS Template

Important Message: A representative from the NDIA has posted you a letter on dd/mm/yyyy. Please check your mail.

4.2.10 If a Participant responds to an SMS

If a participant responds to an SMS, the IRO who sent the SMS can be located by following the below steps:

1. Open the email (SMS) from the participant
2. Copy the **To** address from the body of the email, example
xxxxxxxxxx@directsms.com.au
3. Select the **Sent items** folder
4. In the **Search Current Mailbox** field, paste in the email address and press enter



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5. The result will show an email sent to the participant by the <IRO Name> on behalf of the Internal Reviews Planning Outlook Mail box

4.3 Make a decision for the internal review request

Note: For internal review officers in the Home and Living team refer to [Actioning Internal Review Home and Living Requests](#).

Note: For internal review officers without delegation you are making a recommendation.

1. The available evidence will need to be assessed to determine whether the original decision should be set aside, varied or confirmed according to the legislation.
2. Refer to the [Principles of s100 Decision Making](#) to support your decision making.
3. If evidence considered was gathered during a contact, the interaction should be recorded in the **Supporting Information** field in the s100 form or in the **outcome details** of the s100 feedback form using the relevant interaction template.
4. Consider each request alongside the available evidence and whether it meets the legislation under the [NDIS Act](#) and relevant [NDIS Rules](#) under the Act. For example, a request on statement of supports will require consideration under section 34 (reasonable and necessary) and Part 5 of the NDIS (Supports for Participants) Rules.
5. An internal review request on a decision not to reassess a plan (s48) will require consideration of the criteria under NDIA's [Our Guidelines - Changing your plan](#). You do not need to assess the requested supports as your decision is whether or not the decision made not to reassess a plan is correct. The next step in the process for these requests is at [section 4.5](#).
6. An internal review request on a decision not to vary a plan or the outcome of a variation under(s47A). Your decision is whether or not the decision made not to vary the plan is correct. If you set aside or vary the decision, you will need to complete a Light Touch Plan Reassessment (LTPR) to include the support/change the plan in accordance with your decision. The next step in the process for these requests is at [section 4.5](#).

Note: When you are making a statement of supports decision on a varied plan you are considering both the original decision and any subsequent statement of supports decisions. Seek advice from your line manager or Assistant Director if required.

7. Seek specialist input from the **Technical Advisory Branch (TAB)** if required.
 - Refer to the [TAB Requesting Advice page](#) for mandatory requests and instructions on requesting advice or the escalation process for advice.

Note: APS6 Internal review officers do not need to seek line manager support before contacting TAB.



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For mandatory requests relating to Core or Capacity Building Supports complete the [TAB Advice Request form](#)

- At **Summary line** enter: IRT s100 <age of review> <request type> for example:

IRT s100 45 days – AT Power wheelchair or Multiple requests

Note: use the wording Multiple Requests if more than one TAB advice is necessary, you do not need to raise separate tickets for each request for the same review)

- At **Description Field** copy and paste the below template and complete the details relevant to the internal review and advice requested:

- Date review was requested by the participant:
- What type of supports are you seeking advice for:
- What evidence do you wish to be considered:
- Where is the evidence located on CRM:
- What advice is being sought:
- What is your opinion based on the evidence provided:

Complete the required sections including:

- **Participant Name:** <Participant first and last name>
- **CRM Number:** <NDIS Number>
- **Date of birth:** <dd/mm/yyyy>
- **Disability type:** use this field to indicate the participant's primary disability type. Select or search for an item
- **Theme:** Use this drop down to indicate the theme of your request
- **Sub-theme:** This drop down will populate based on the theme selected above. Select the sub-theme that most closely relates to your request.

Note: Include secondary disability under other option if required

- **Mandatory Referral:** <Yes/No>
- **Requestor Team:** Select Internal Review Team (IRT)
- **State:** Select the state where your team is located
- **Employee Organisation:** Not required for NDIA staff
- **Secondary contact name:** Enter your Assistant Director's name
- **Secondary Contact Number:** Enter your Assistant Director's contact number
- **TAB Identifier:** Leave blank



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- **NARB:** Leave blank
- **PRR Date:** Enter the date the internal review was requested by the participant

When all sections are completed, select **Create** to submit the form.

Note: Once you have created the request you will be sent a TAB identification number for reference. This number can be used for potential IRT prioritisation requests.

If you disagree with the advice received from TAB, discuss first with your line manager (or equivalent) and then contact [TAB enquiries](#) who will contact the TAB Advisor or TAB Assistant Director for further discussion and resolution. Refer to the [Requesting Advice intranet page](#) for more guidance.

Note: For plans with an annualised value of more than one million dollars (Delegate Level 5) following TAB advice, Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

8. If applicable, consider seeking advice from the [Early Childhood Services Branch](#) if it relates to a participant who is under 7 years.
9. Weigh the above factors to determine a set aside, vary or confirmed decision/s.

4.4 Make a preliminary decision on plan duration

Note: For internal review officers without delegation you are making a preliminary recommendation on plan duration.

Delegates should be guided by the participant's or authorised representative's preference of plan duration in most instances.

Typically, the following criteria should be considered when determining plan duration.

Criteria:

- Any expected life stages changes to occur for the duration of the plan
- Any potential or identified risks which may be mitigated by a shorter/interim plan duration
- Keeping family group review schedules together
- Supported Independent Living (SIL) Participant groups together
- Under/Over utilisation variance in previous plans
- Supports are R&N for the duration of the plan and there are no time limited supports included.

Note: If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director.



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Note: Considering the above criteria and based on your investigation of the original plan, conversations with the participant, risk and/or participant's current circumstances, if you identify a shorter term plan duration approach is required, you should amend the plan end date and record your justification for altering the plan duration when completing the Risk Assessment in Pre Planning. Pro-rata may need to be completed to reflect the shorter plan duration if applicable. Refer to the guidance outlined in section [4.6.2](#) on how to pro-rata the plan.

4.5 Submit a decision outcome

Once a decision has been determined, it needs to be submitted on the system.

Note: If the decision being reviewed is the decision not to reassess a plan (s48) you will not need to follow step 2 below.

1. If you are an Internal Review Officer without delegation, email your line manager to seek approval. Wait for their approval before proceeding to [section 4.6](#).
2. If the plan is inflated by more than 50 percent the decision needs to be endorsed by an Assistant Director before proceeding. If the plan is inflated by more than 100% the decision needs to be endorsed by a Director. Seeking specialist advice (for example TAB, ECS, higher delegation or Case Assessment meetings) should be considered in these cases to support significant deviation from the original decision especially where no new evidence has been provided. If specialist advice received has been the reason for the 50% inflation or greater you are not required to seek EL endorsement.
3. Otherwise, if you have delegation to submit a decision outcome, proceed to open the s100 form for this review under open activities and select **Edit**.

The screenshot displays a web form for a 'Request #'. The form includes the following fields and text:

- Request #: [blank]
- Reviewable Decision: Statement of Supports
- Available Decision: 23.09.2020-23.09.2021 Approved
- Requested By: [blank]
- Date of Request: 29/10/2020
- History Log:

29.10.2020	11:51:07
------------	----------
- Additional documents submitted whilst awaiting internal review attached to inbound documents as [blank]

At the bottom of the form, there are three buttons: 'Edit' (highlighted with a red box), 'Withdraw', and 'Back'.

Image caption: Screenshot of the system s100 form showing the Edit button highlighted at the bottom of the screen.



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- Update the **Supporting Information** stating all evidence/information supporting the decision has been uploaded to the system and linked to the s100 form. Select **Save** to confirm your updates.



Image caption: Screenshot of system s100 form showing the supporting information field highlighted where all evidence/information supporting the decision should be recorded. At the bottom of the form the Save button is highlighted.

- Record the outcome decision by selecting **Ready to Submit** outcome. Select the appropriate decision outcome as **Confirm Decision** or **Set-Aside Decision**. Do not select the Vary decision option as the system currently does not allow us to 'vary' plans. For plan vary decisions, the Set-Aside Decision option will need to be selected. A plan application will be initiated for a set-aside decision.



Image caption: Screenshot of the s100 ready to submit system screen, with the Outcome Justification drop down options Confirm Decision and Set-Aside Decision each highlighted in a red box.

- For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not reassess a plan.

Review on statement of supports



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- s100 confirm: s100 decision made to confirm the original decision, the supports requested were not found to meet NDIS funding criteria See outcome letter for details.

Review on decision not to review a plan (s48)

- s100 confirm: s100 decision made to confirm the original decision as it was unable to be demonstrated that; circumstances have changed, or there is new information that would change/affect our assessment of the participant's needs, or, their needs can't be met by existing supports. See outcome letter for details.

Review on decision not to vary a plan (s47A)

- s100 confirm: s100 decision made to confirm the original decision as the request does not meet the plan variation criteria <insert which criteria not met> to warrant a plan change or their needs can be met by existing supports. See outcome letter for details.

7. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Below are examples for a review on statement of supports or a decision to not review a plan.

Note: You must include in the justification the TSP has been considered when determining reasonable and necessary supports.

Review on statement of supports

- s100 Set aside: A s100 review request was submitted on <insert date>, consideration was given to s34 reasonable and necessary criteria in the NDIS Act and the NDIS Rules. TSP has been considered when determining reasonable and necessary criteria. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding – the original budget has been set aside.

Review on decision not to reassess a plan

- s100 decision to set aside the decision not to approve a request to reassess the plan under s48. A plan reassessment is approved and has been initiated to give effect to the s100 decision.
- The plan reassessment has been initiated and now needs to be assigned for action.
- Follow the steps in [Appendix A](#) to assign the plan application and interaction.
- Go to [section 4.8](#)



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Review on decision not to vary a plan or to set aside the outcome of the variation decision

- s100 decision to set aside the decision not to approve a request to vary a plan under s47A. A plan variation is approved for <insert change being made>. As a result of this, a change to the participant's plan was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

Review on decision to set aside the outcome of the variation decision

- s100 decision to set aside the outcome of the variation decision made under s47A. A plan variation is approved for <insert change being made>. As a result of this, a plan review was initiated to give effect to the decision to vary the current level of funding/make the change.
- Go to [section 4.6](#) to build the new plan.

4.6 Build the new plan (if required)

If the outcome of an internal review was a 'Confirmed decision', for an internal plan review decision skip to [section 4.8](#).

A set-aside decision for a statement of supports will have a new and automatically generated Review Application under Pathway in the participant record with a status of in-progress.

4.6.1 Complete pre-planning tasks

Complete the pre planning tasks below as per the [Standard Operating Procedure - Complete a Plan Reassessment \(light touch\)](#).

1. The **Outcomes Questionnaire** in Pre Planning must be reviewed and submitted so quotes can be implemented after the review. Occasionally this may be blanked out as the participant has moved into another age group and a different outcomes questionnaire is required. If this occurs we can still submit the outcomes questionnaire and make a note in the implementation interaction that this was not completed for the purpose of giving effect to an s100 internal review decision.
2. **Risk Assessment/Plan Duration**: Refer to the [Standard Operating Procedure – Complete the Risk Assessment task](#). Adopt the approach to align the plan duration with the participant's preference where appropriate. If a shorter term plan duration approach is required, pro-rata will need to be completed to reflect the plan duration. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.



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Important: Pro rata will apply to varied plans where they have more than 6 months to go on the plan. Refer to the guidance outlined in [section 4.6.2](#) on how to pro-rata the plan.

Note: If there is a discrepancy in plan duration calculated in the **Pre Planning Risk Assessment** compared to the original approved plan duration or a plan duration you have determined based on the participants circumstances and risk. You will need to adjust it accordingly for the remaining month/days while ticking the **'Plan reviewed early or amended'** box and note it is an outcome of an internal review.

3. Select **Review and Submit for Funded Supports** and select **Yes**.

4.6.2 Complete planning tasks

Complete the **Determine Funded Supports Task** as per [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#) noting this will be pre populated with approved funded supports from the current active plan.

Note: If the plan duration is not what the original approved plan was for, make sure the calculated supports are correct for the time period in each category, you may need to apply pro-rata to the supports. Where you do need to pro rata follow the methodology found in [Standard Operating Procedure - Complete a plan reassessment \(light touch\)](#), [Standard Operating Procedure – Complete the Risk Assessment](#), or [Standard Operating Procedure – Complete a plan reassessment \(full\)](#) which provides guidance for pro rata Capacity Building and Capital Supports. All supports in the plan will need to be pro-rated even if you have not changed the level of funding in the previous plan with the exception of stated capital supports.

- Special Consideration is required for some specialist plan builds, for example EC participants. Refer to the relevant SOPs and Early Childhood Practice Guides on the intranet when building their plans.
- Changes to NDIA's approach to funding supports may also have occurred since the approval of the original plan. For example, changes arising from Price Guide updates, employment support changes, SIL/Home and Living changes, hearing service changes and others. Make sure you are aware of any recent changes to supports by reviewing the intranet [resources guidance](#) page, and you have applied any recent updates to new and existing supports in the new plan.
- Check and maintain in-kind information in the plan for relevant supports to make sure there is not duplication of funding since the generation of the TSP and phasing out of in-kind programs. Make sure you are accessing information available in [Panda Live v1](#) for the latest in-kind data and information.

4.6.2.1 Home and Living Supports impacted by s100 outcome



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1. If there are SIL supports in the participant's plan and there is no change refer to the [Include supported independent living supports in plans Standard Operating Procedure](#). The SIL calculator tool in PANDA is to be used if there are no changes to the participant's SIL supports. The indexation calculator has the correct pricing increase built in from July 2020 as well as public holidays for each state and territory.
2. If the internal review outcome income impacts Supported Independent Living (SIL) and/or Living alone with significant supports and a support recalculation is required, complete the below steps:
 - Create an open interaction using template Internal Review Home and Living Advice Required from [Internal Review of a Planning Request Interaction Templates](#).
 - Assign the interaction to s22(1)(a)(ii) - irrelevant material system inbox (home and living holding bay) to seek advice on how to proceed with funding the home and living supports (SIL and living alone with significant supports recalculation) in the participant's new plan.
 - If the internal review requires escalation (meets the high/extreme prioritisation criteria), advise the reason for escalation in the interaction.
 - The relevant IRO will aim to respond to your interaction within 5 business days.
 - For the remainder of home and living supports (Supported Disability Accommodation, Independent Living Options, Complex Home Modifications, Medium Term Accommodation): the internal review officer is responsible for determining the correct supports to be included in the new plan by referring to [Agency Planning guidance](#). For example, the Supported Disability Accommodation (SDA) calculator can be used from the [SDA pricing and payments](#) NDIS website.

Note: If there are In-Kind supports as part of the plan, refer to the [In-Kind intranet page](#) for guidance, check the transition dates for the state/territory of the participant and speak to your line manager. Do not contact or notify the SIL/Home and Living Team for plans with In-Kind supports.

3. Any Capital Supports funding claimed in the original plan should be removed. Claimed capital supports can be determined from checking the plan utilisation (ensuring you have considered costs of repair and maintenance) or any accepted assistive technology quotes.

Note: The definition of 'mid cost AT' has changed from \$5000 to \$15000. Participants no longer need a quote for AT that costs less than \$15000. The [Factsheet – Understand assistive technology evidence, advice, assessments and quotes](#) provides a general overview of the update.



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Refer to the following Standard Operating Procedures for further guidance on adding low, mid and high cost supports and repairs and maintenance for new and existing items:

- [Standard Operating Procedure – Add low cost assistive technology supports in a plan](#)
- [Standard Operating Procedure - Add mid cost assistive technology in a plan](#)
- [Standard Operating Procedure – Add high cost assistive technology in a plan and include replacement AT](#)
- [Standard Operating Procedure – Add funding for repairs, maintenance, rental and trial of assistive technology](#)

Check if the system has made an error in adding any funding for Capital Supports not approved in the last plan, which will need to be removed.

4. Plan comments may need to be updated to reflect the supports in the new plan as a result of the decision outcome. This may also include reviewing and updating any existing comments to explain to the participant what the funding is for. Comments should be written in each of the Support Categories where funded supports have been placed. A Support Category are the areas in the plan where funding/line items have been placed, for example, Consumables, Daily Activities, Social Community and Civic Participation, Transport, CB Choice and Control, CB Daily Activity, CB Relationships, Assistive Technology, Home Modifications to name a few.

Note: Plan comments will be printed in the participants plan. Refer to [Standard Operating Procedure – Understand what prints on a participant’s plan.](#)

Support Type	Support Category	Capacity Building	
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	2,627.17	Plan management and financial capacity building - set up costs -	
CB Daily Activity	5,676.00	Support to build my skills so I can achieve all my plan goals.	
CB Employment	7,733.23	Supports to help me find and keep a job.	

Image caption: Screenshot showing comments for each support type in the Finalise Plan and Approve tab. Comments column highlighted. Example showing from top to bottom. First line: Support category: CB Choice and control, price: 2627.17, comment: plan management and financial capacity building - set up costs. Second line: CB daily activity, price: 5676.00, comments: support to build my skills so I can achieve all my



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plan goals. Third line: CB Employment, price: 7733.23, comments supports to help me find and keep a job.

5. Once you are satisfied you have included all reasonable and necessary supports in the plan, select **Submit**.
6. Complete the **Determine Plan Management Task**. This task will be pre-populated with the recommended plan management based on the responses in the **Complete Risk Assessment Task**. Review and confirm it reflects the plan management determined previously. Previous plan management allocations can be viewed in [Panda Live v2](#). When making changes to the Determine Plan Management task make sure the unit of entry is **percentage** (not currency).
7. **Note:** If you have rejected the participant's request for self-management of their supports, this will be considered a declined request and will need to be reflected when preparing the decision letter and communicating the decision in [section 4.9](#) and [section 4.10](#).
8. Select **Submit**.

4.7 Approve the new plan

Under the **Planning Tab**, Internal Review Officers without delegation will need to either select the **Review and Submit Draft Plan** or **Review and Submit Plan for Approval task**. Only one will be available based on your role.

If you are an internal review officer with delegation, select the **Finalise Plan and Approve** task.

1. Review all sections of the Plan as per the Review Sections of the [Standard Operating Procedure – Finalise and approve a plan](#) with careful consideration to adjust the justifications (Part 5: Funded supports in the Finalise Plan and Approve task, and Part 4: Funded Supports in the Review and Submit Draft Plan task) to explain the internal review decision.

Note: When writing justifications we must consider and include: supporting information, evidence provided, lived experience, participants goals, participant circumstances and disability support needs, section 34 of the NDIS Act 2013, Part 5 of the NDIS Rules, previous budget utilisation, TSP, inflation and agency wide guidance materials. The written justification should include reference to your consideration of previous budget utilisation, TSP and inflation.

a) If no changes are required to the support category:

Copy the justifications from the previous plan and add "This support category was not changed as part of the of the s100 Internal Review Request. Justification remains the same".



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b) If changes were made to the support category:

Start each support category justification with the sentence, “As part of the s100 review, I have found these supports meet s34 reasonable and necessary criteria in the NDIS Act and NDIS Rules. I have made a decision to vary the current level of funding.”

2. If there are existing justifications within this support category, you will need to update the entire justification, if you changed the funding making sure the following are included:
 - describe the support and how it relates to the participant’s disability support needs
 - describe how the support will help the participant work towards their goals
 - describe how the support meets reasonable and necessary criteria
 - refer to any relevant supporting evidence.
3. Examples to guide your written justifications are included in Appendix **Write a best practice justification** within the [Standard Operating Procedure - Review and Submit plan for approval](#).
4. For Internal Review Officers without delegation, click on **Save** at the bottom of the Review and Submit Draft Plan section. Do not select Submit as this submits the plan to WLM for National Delivery staff and is not a process IRT follow. Email your line manager once you have prepared the draft decision letter, and note the plan and letter are ready for approval. You can now refer to [section 4.8](#).
5. Otherwise, if you are a delegate, proceed to select **Yes** on the **Generate plan only** button at **Part 9: Delegate** after completing the **Finalise plan and approve** section. This option is selected to suppress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.



Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

Note: Prior to selecting Approve, you can select the **Print Preview** button. This will display a draft copy of the plan and will allow you to proof read and view what will be provided to the participant.



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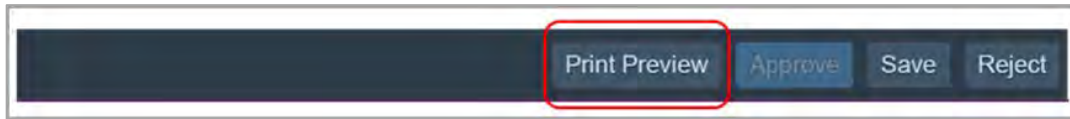


Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

6. Select **Delegate Approval** and then select the **Submit** button.
7. If an Alert appears stating level 4 delegation approval is required for this plan, follow the steps outlined in [section 4.7.1](#).
8. Once the plan has been approved, if applicable, implement any 'Quote required line items' required as a result of this decision outcome.

Refer to [Actioning Internal Review Home and Living Requests Standard Operating Procedure](#).

Refer to [Appendix D – Creating and Implementing SDA Quotes](#).

IROs without PACE access will need to email their line manager who will confirm the SDA dollar value. In your email, include in the subject line:

PACE SDA Dollar Value Confirmation <NDIS Participant Number, Participant Name>

The [Standard Operating Procedure – Initiate and Record Quotes](#) and [Standard Operating Procedure – Consider and action quotes](#) provides guidance on how to implement quotations. For plans that include Agency Managed Supported Independent Living (SIL) funding, create SIL service booking following [Standard Operating Procedure - Create supported independent living \(SIL\) service bookings](#).

4.7.1 Higher Delegation Approvals Process, level 4

1. You will need to seek preliminary endorsement from your line manager.
APS6 delegates do not require a second level quality check.
2. Complete the **s100 – Higher Decision Delegate Approval Level 4** interaction from the [Internal Review of a Planning Request Interaction Templates](#) and assign it to your Assistant Director (AD) for approval.
3. Your AD will review the plan which will result in plan progression.
4. Your AD will follow the [Standard Operating Procedure – Finalise and approve a plan](#) to approve the plan and add the following content to the existing **s100 – Higher Decision Delegate Approval Level 4** interaction:

s100 has been approved in CRM by IRT AD <Logon ID> on <dd/mm/yyyy> and this interaction has been assigned to the IRO to finalise the s100.

4.7.2 Higher Delegation Approvals Process, level 5

1. Confirm the s100 alert is active on the participant's record



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2. Assign the open review application to CR OAHS Del 5 RTS
3. Refer to the [Higher Delegation, Approval and Mainstream Interface intranet page](#) for level 4 and level 5 delegate resources.

4.8 Record the Decision Outcome

Record the final outcome decision in the **s100 request received interaction** on the participant's record on the system using the applicable template from the [Internal Review of a Planning Request Interaction Templates](#).

4.9 Communicate the Outcome of the decision (if required)

Note: Section 4.9 and [section 4.10 Prepare and send decision letter](#) can be swapped if IRO determines that based on the initial contact and information reviewed the written notification is best to be provided prior to making phone contact.

The Participant will need to be informed of the outcome of the internal review. Including information about how and why the decision was made, where to seek further assistance if required and their subsequent rights.

If **phone contact** is preference:

- Make **one phone call** contact.
 - One contact consists of a pre call SMS, a phone call and a voicemail if appropriate. The pre-call SMS must be sent at least one hour prior to making phone call contact. Refer to [section 4.2.4](#) for the SMS Process.
 - If contact is unsuccessful and if the internal review is a priority or escalation, further outcome contact attempts could be required.
1. Identify who is authorised to discuss this review, as per the participant's record on the system.

Review accessibility requirements and preferred communication method and refer to the [Standard Operating Procedure – Preferred Method Communication](#).

Begin the contact by stating your name, advising you are from the NDIA, and verifying the identity of the person you are speaking to using the [Standard Operating Procedure – Verify identity for a third party organisation](#) or [Standard Operating Procedure – Record and verify identity for an individual](#).

Communicate the outcome of the decision. Explain what evidence was reviewed, the reasons for the decision, and advise a written notice of the decision will be issued by <mail/email>.

Depending on the decision made, there is additional information which needs to be communicated:



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Set aside or Vary Decisions: Describe how and when plan will be provided and what has changed in the plan.

Vary or Confirmed Decisions: Advise what is approved in the plan and provide information about Early Childhood Partner, Local Area Coordinator or Support Coordinator for help in using the plan to access supports or find supports including where it has been identified supports are best delivered by other systems. More evidence or information to prepare ahead of next plan reassessment to provide which may assist. The participant will also need to be informed of their AAT rights.

Note: During the outcome contact, if the Participant advises of additional information, for example they wish to lodge a complaint, feedback or have a change of circumstance, action this by following the correct standard operating procedure.

4.10 Prepare and send the decision letter

4.10.1 Prepare the decision letter

1. Based on the decision outcome, complete the relevant letter found on the [IRT intranet page](#).
2. If the letter requires translation, refer to the [Translating and Interpreting Process Internal Reviews and Complaints Branch Standard Operating Procedure](#).
3. Follow the instructions on the respective letter template to complete the decision letter and make sure:
 - The date of the decision letter should be the same date the s100 review decision outcome was in effect (the date you approved the plan on the system).
 - Approved supports should be referred in terms of support hours/quantities, rather than dollar values.
 - Any requests withdrawn throughout the process need to be recorded
 - Refer to [Internal Review Planning Decision Letter Templates](#) for additional sentences to be included per criteria in the Basis for Decision section. Provide concise explanation of your decision in plain English for the participant, in up to four sentences (approximately one hundred words, this could be more or less words depending on the complexity, information, evidence and circumstances of the internal review). Where applicable, provide detailed information on possible next steps including referrals to mainstream and/or community supports or other referrals you can include this in the implementation interaction completed at [section 4.11](#).
 - Save a copy of the completed letter as a PDF using the naming convention. Participant Surname First Name NDIS Number Decision letter date. For example,



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Smith James 4300044567 Decision Letter 2021-July-25. For decision letters do not use the letter title in the naming convention.

- For Internal Review Officers without delegation, email the decision letter to your line manager for approval. Once approved, proceed to [section 4.10.2](#).
- For delegates, proceed to [section 4.10.2](#).

4.10.2 Send decision letter and relevant documents

NDIA must give written notice to the participant and/or representative of the internal review decision.

If a new plan has been created as a result of the decision you will need to save or print the approved plan locally and send the plan with the decision letter. Complete the following steps:

1. From **Outbound Documents**, save or print the approved plan locally. If you need help to do this, refer to [Standard Operating Procedure – View, Print or Suppress an Outbound Document](#). If the plan is not available, select **Print Immediately** from within the plan application and save as a PDF.
2. Send the plan and letter to the participant or their authorised representative, using their preferred method of communication.
3. If the participant's preferred method contact is via email, use the [Internal Review planning](#) email address to send the decision letter as an attachment and use the subject line and email template below and new plan (if applicable). You will then need to send an SMS advising the participant to check their email using the template below. If the email bounces back due to an error, confirm the email is correct and resend or explore suitable alternate contact methods. Make a note of this in **s100 Request Received interaction**.

- **Email Template for Decision Letter:**

Subject Line – Outcome of Internal Review <Participant Number>

Dear <Participant/Authorised Representative>

I have completed your s100 request for an internal review decision.

I have attached the <new NDIS plan and> decision letter to this email. Your NDIS plan will be reassessed at the next plan reassessment meeting.

Further information can be found in the next steps in the decision letter.

Kind regards,

<First Name and surname initial of Internal Review Officer>

- **SMS Template for Decision Letter:**



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Important Message: A representative from the NDIA National Disability Insurance Agency has sent you an email on dd/mm/yyyy. Please check your email inbox.

Refer to [section 4.2.4](#) for sending SMS.

4. If there are accessibility requirements required for printing the written notice or any other relevant documents follow the process in the [Printing plans in braille and other accessible formats](#) guidance. Note the financial delegate mentioned will be the EL1 of your respective team.
5. If there are language requirements required for printing the written notice or any relevant documents, follow the process in [Practice Guide – Assisting communication](#).
6. If the documents are being posted, mail all the relevant documents above in the one envelope. Check with your local site or line manager about mailing arrangements.
7. Upload all the mailed documents including the outbound email at step 3 onto the system as a PDF document in the participant's Inbound documents line titled 's100 internal review request dd/mm/yyyy'. Refer to the [Standard Operating Procedure – Manage Inbound Documents](#) for how to upload a document and naming conventions. Refer to section 4.1.2 for naming conventions.

4.11 Inform National Delivery or Partners in the Community of Decision made

After completing an internal review request, National Delivery and Partners in the Community will need to be informed of the decision to implement the new plan or follow-up activities where required.

1. If you identify the request requires priority action (escalation) (for example, it meets High or Extreme [Escalation Prioritisation](#) Matrix criteria) complete the following steps:

- Discuss the request with your line manager or Assistant Director for endorsement.

Note: The line manager or Assistant Director are to follow up with National Delivery to escalate the request further. Each intranet page on [National Delivery](#) and [Service Delivery](#) has main contacts for each region/team.

- Make a note in the interaction to National Delivery that the request is a priority, it has been endorsed by your line manager or Assistant Director, and outline the reasons for the risk/escalation.

2. Complete the appropriate Implementation interaction from the [Internal Review of a Planning Request Interaction Templates](#) on the participant's record on the system. Note: If you have identified alternative mainstream or community supports should be explored you can include this in the interaction template for the local office to follow up with the participant.



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- Re-assign your completed interaction to the appropriate local NDIS office by following the [Workflow Rules](#).

4.12 Complete remaining closure tasks

1. Record the outcome of the review in the IRT Planning Database.
2. For decisions relating to variation decisions under section 47A, add a comment in the **IRT Database** to reflect the decision made. Select one of the following:
 - 47A - confirmed decision not to vary, or
 - 47A - set aside decision to vary, or
 - 47A – decision relating to variation outcome confirmed/set aside.
3. You will also need to record the Original Decision Maker (ODM) feedback on the IRT Planning Database to make sure the reason for your decision is recorded in IRT's database. This is important information that allows us to provide feedback to original decision makers. Refer to the [IRT Database Manual](#).
4. End date the s100 alert created in [section 4.2](#) by setting the end date as the day of the decision. Refer to [Standard Operating Procedure – View or edit an alert](#) for how to edit an alert.
5. Assign any Assistive Technology (AT) and Home Modifications (HM) items placed on hold by National Delivery due to an active s100, back to WLM or the Participant's region (RTS CRM inbox). To do this:
 - Check interactions using the table format for any AT or HM items that are open, and also search s22(1)(a)(ii) - irrelevant material (KM0054) CRM inbox for the Participant's name and open ATHM item/s.
 - If an open AT or HM item is found, and the interaction ID starts "700" you will need to un-assign the AT or HM work item back to WLM by using "User Unavailable" as a reason.
 - Then apply an extreme workflow identifier to the participant's record, with an end date of 14 calendar days later. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
 - If the open item does not start with an interaction ID of "700" you will need to reassign the AT or HM interaction to the RTS inbox of the participants jurisdiction using the [Standard CRM inbox structure](#).
6. Review all open tasks in the participant record that relate to the Internal Review Request and make sure they are all closed with the exception of the Implementation interaction.



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Note: This includes closing any interactions regarding variation requests that have been completed.

5. Related procedures or resources

- [NDIS Act](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Intake of a Planning Internal Review Request Standard Operating Procedure](#)
- [Internal Review of a Planning Request Interaction Templates](#)
- [Our Guideline – Your privacy and information](#)
- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Record third party consent](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Operational Guidelines – Reasonable and Necessary Supports](#)
- [Standard Operating Procedure – Finalise and Approve a plan](#)
- [Standard Operating Procedure – Record, view and update a complaint](#)
- [Practice Guide – Participant Critical Incident](#)
- [Understanding Suicide and Self-Harm Fact Sheet](#)
- [Standard Operating Procedure – Escalating Participant Critical Incidents Process](#)
- [Principles of s100 Planning Review](#)
- [Actioning Internal Review Home and Living Requests Standard Operating Procedure](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email, remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

7. Version control



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Version	Amended by	Brief Description of Change	Status	Date
16.0	CAP525 LW0022 KMM575	Addition of home and living updates, escalation pathway, new escalation holding bay inbox. Removed YPIRAC decision making sections, Updated interaction names as per interaction templates. Update based on CI for wording from “consider” to “include” in delegate decision justification section 4.7. Initial contact process amended. Outbound participant email subject line to include NDIS number. Updating contact process, based on Access process. Updated email outcome template.	APPROVED	2022-11-28
17.0	KMM575	Updates made on plan duration - Plan Duration guided by the participant’s preference in most instances whilst considering the listed criteria. Minor formatting updates. Appendix A added in interaction name and additional step when setting aside a decision not to review a plan. Wording under first heading changed to: How to return the participant into the regular plan reassessment cycle. TAB email template updated to include: Requester team leader, Date request for Review Received and Age of review.	APPROVED	2023-01-20
18.0	KMM575	Unable to contact process updated, requesting a response within 7 days. For Mail contact, send an SMS advising participant a letter has been posted.	APPROVED	2023-02-24
19.0	KMM575	Higher Delegation Approvals Process Level 4.	APPROVED	2023-03-03
20.0	KMM575	Removal of updating the database for HaL cases. How to action a scheme	APPROVED	2023-03-10



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Version	Amended by	Brief Description of Change	Status	Date
	LW0022	integrity alert. Minor update to wording of HaL s100 for RFI to action in PACE		
21.0	KMM575	Section 4.7: Approve the new plan, at point 8, now includes implementing SDA.	APPROVED	2023-04-6
22.0	KMM575	Section 4.7 Point 8, implementing SDA process changes. Appendix D. TAB links updated.	APPROVED	2023-05-19
23.0	KMM575	Process for requesting TAB advice.	APPROVED	2023-06-09

8. Appendices

8.1 Appendix A – Assigning a Review Application and Interaction for action by ND and PiTC

A **Review Application** is created when you **set aside a decision not to review a plan**. The **Review Application** needs to be assigned to ND or PiTC for the plan review to be undertaken.

8.1.1 Complex Support Needs (CSN) Participants

Participants who belong to **Complex Support Needs** cohort need to be identified and assigned.

1. **Assign** the s100 – Request to complete a plan reassessment interaction and **Review application** to the correct inbox as per the super intensive Stream in the [Workflow Rules](#).

8.1.2 All other participants (excluding CSN)

1. Assign the Interaction s100 – Request to complete a plan reassessment to the correct inbox as per the the [Workflow Rules](#).
2. **Review Applications** are to be assigned using the **Workflow Identifier**. Refer to the [Standard Operating Procedure – Add or remove workflow identifiers](#).
3. From the Participant Details tab select Workflow Identifiers.
4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.
5. Select the **Change and Review Request** identifier from the drop down.