Standard Operating Procedure

For Internal Use Only
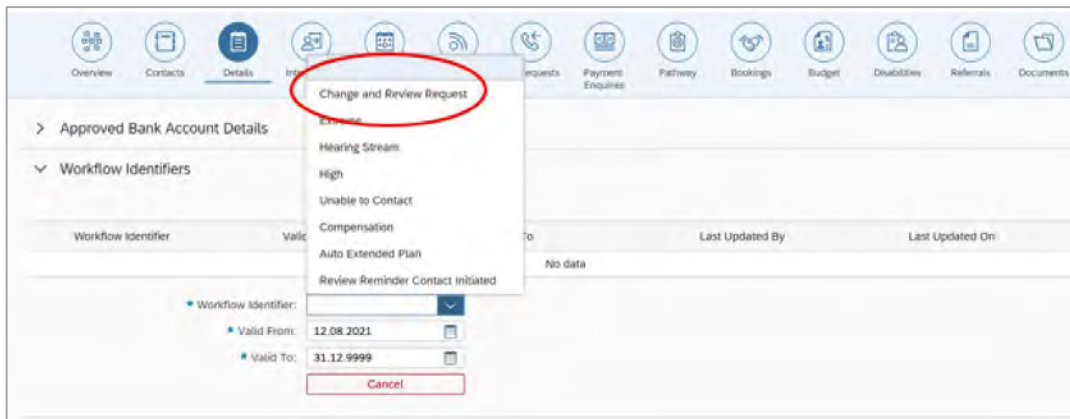

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact Initiated The Valid From date is the date the review application was approved.

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.
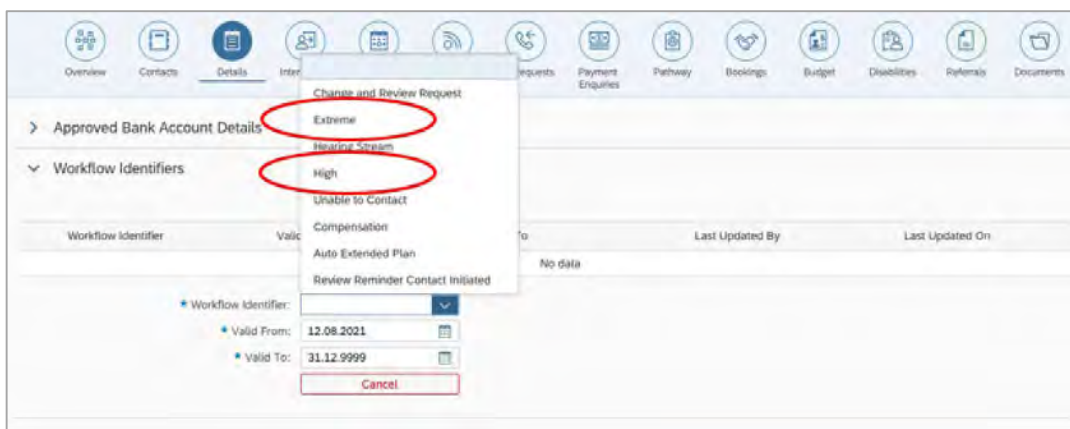

Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact,

Standard Operating Procedure

For Internal Use Only

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.

This document is uncontrolled when printed.

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.

- 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.

Standard Operating Procedure

- 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.

- 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.

- 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. This will support with understanding and implementing their plan.

- 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.

Standard Operating Procedure

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

Standard Operating Procedure

For Internal Use Only

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.
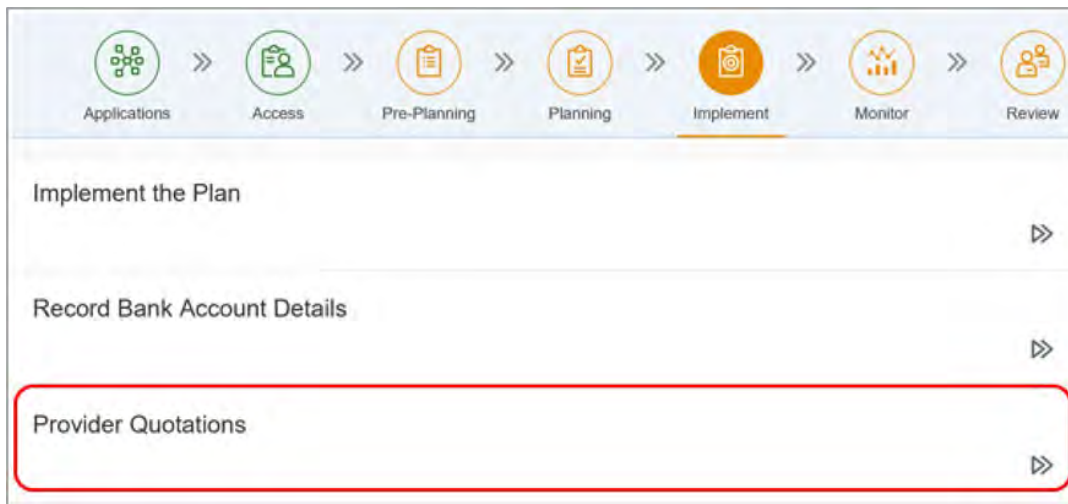

Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

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**.

Standard Operating Procedure

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**.

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

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:** Escalation holding bay updated to s22(1)(a)(ii) - irrelevant material. Process for requesting TAB advice.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ☐ Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. ☐ 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. ☐ Access to the intranet to view linked SOPs and templates. ☐ 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.

ndis

Standard Operating Procedure

For Internal Use Only

Topic	Checklist
	❑ 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. ❑ Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. ❑ Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	❑ 3.0 Scope of Review ❑ 4.1 Conduct a desktop review ❑ 4.2 Contact the Participant ❑ 4.3 Make a decision for the internal review request ❑ 4.4 Make a preliminary decision on plan duration ❑ 4.5 Submit a decision outcome ❑ 4.6 Build the new plan (if required) ❑ 4.7 Approve the new plan ❑ 4.8 Record the Decision Outcome ❑ 4.9 Communicate the Outcome of the decision (if required) ❑ 4.10 Prepare and send the decision letter ❑ 4.11 Inform National Delivery or Partners in the Community of decision made ❑ 4.12 Complete remaining closure tasks ❑ 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC ❑ 8.2 Appendix B – Talking Points ❑ 8.3 Appendix C – Linking evidence to the s100 form ❑ 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.

This document is uncontrolled when printed.

Standard Operating Procedure

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.

Standard Operating Procedure

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:

   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 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:

This document is uncontrolled when printed.

- 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

further information on the early resolution criteria refer to the <u>Withdrawal of an Internal Review Request Standard Operating Procedure</u>.

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 <u>Standard Operating Procedure – Create a Plan Reassessment (or variation) request (PRR).</u>

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 <u>Standard Operating Procedure – Assist the Participant with their preferred method of communication</u>.

   - 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) - certa}@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 <u>Referral for Complex Support Needs Pathway Standard Operating Procedure</u>.

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](#)

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.

This document is uncontrolled when printed.

Standard Operating Procedure

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 Reivew 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.

This document is uncontrolled when printed.

- 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.

- 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 interactionl. 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 informaiton 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)

Standard Operating Procedure

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:	☐
* 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.

Standard Operating Procedure

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.

Standard Operating Procedure

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

Standard Operating Procedure

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.

   For mandatory requests complete the TAB Advice Request form

Standard Operating Procedure

For Internal Use Only

- 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:

    a) Date review was requested by the participant:

    b) What type of supports are you seeking advice for:

    c) What evidence do you wish to be considered:

    d) Where is the evidence located on CRM:

    e) What advice is being sought:

    f) 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

- **NARB**: Leave blank

- **PRR Date**: Enter the date the internal review was requested by the participant

Standard Operating Procedure

For Internal Use Only

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.

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

Standard Operating Procedure

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.**

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.

This document is uncontrolled when printed.

Standard Operating Procedure

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.

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.

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.

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 apropriate.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.

- 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

Standard Operating Procedure

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.

Standard Operating Procedure

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.

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.

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. This option is selected to supress 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.
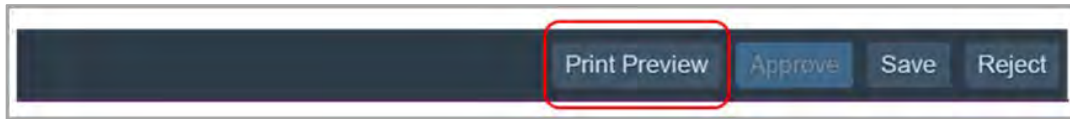
Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

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

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 accesssibilty 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 idenitiy 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:

Standard Operating Procedure

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 Suport Cordinator for help in using the plan to access supports or find supports including where it has been idenitifed 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.

- 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 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.

Standard Operating Procedure

- 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 (TDL262) 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.

This document is uncontrolled when printed.

ndis   **Standard Operating Procedure**

For Internal Use Only

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

V24.0 2023-06-16   Complete a Planning Internal Review Decision   Page 32 of 44
This document is uncontrolled when printed.
Page 579 of 875

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

V24.0 2023-06-16   Complete a Planning Internal Review Decision   Page 33 of 44
This document is uncontrolled when printed.
Page 580 of 875

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
24.0	KMM575	Escalation holding bay updated.	APPROVED	2023-06-16

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.
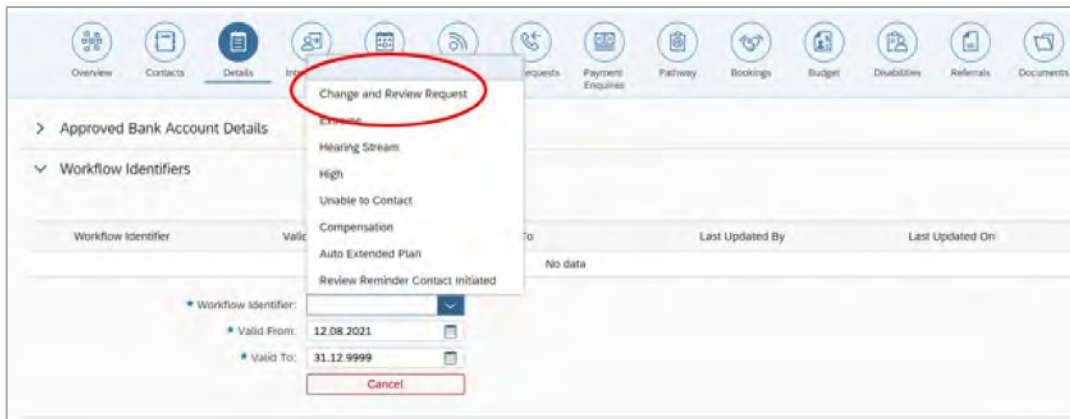
Standard Operating Procedure

For Internal Use Only

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact 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.
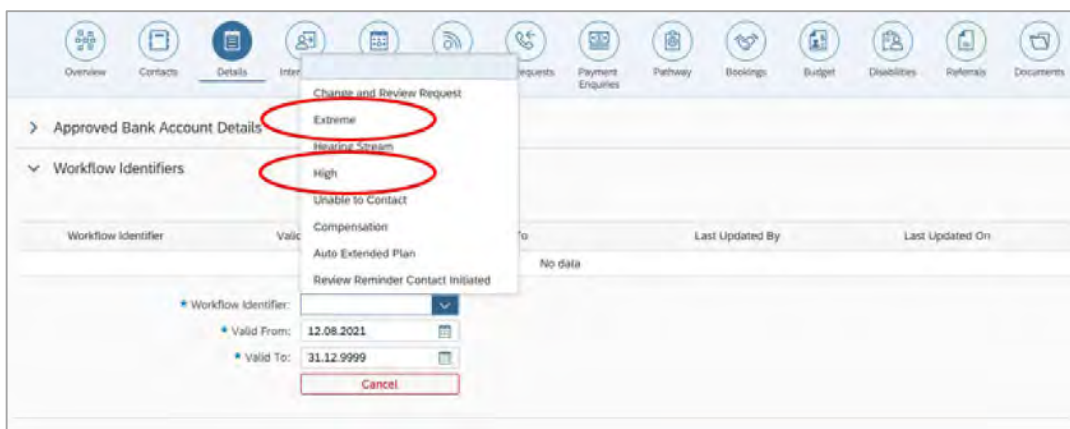

Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact,

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Standard Operating Procedure

- 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.

Standard Operating Procedure

- 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.

V24.0 2023-06-16   Complete a Planning Internal Review Decision   Page 39 of 44
This document is uncontrolled when printed.
Page 586 of 875

- 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.
- 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. This will support with understanding and implementing their plan.
- 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.

Standard Operating Procedure

For Internal Use Only

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

Standard Operating Procedure

For Internal Use Only

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.
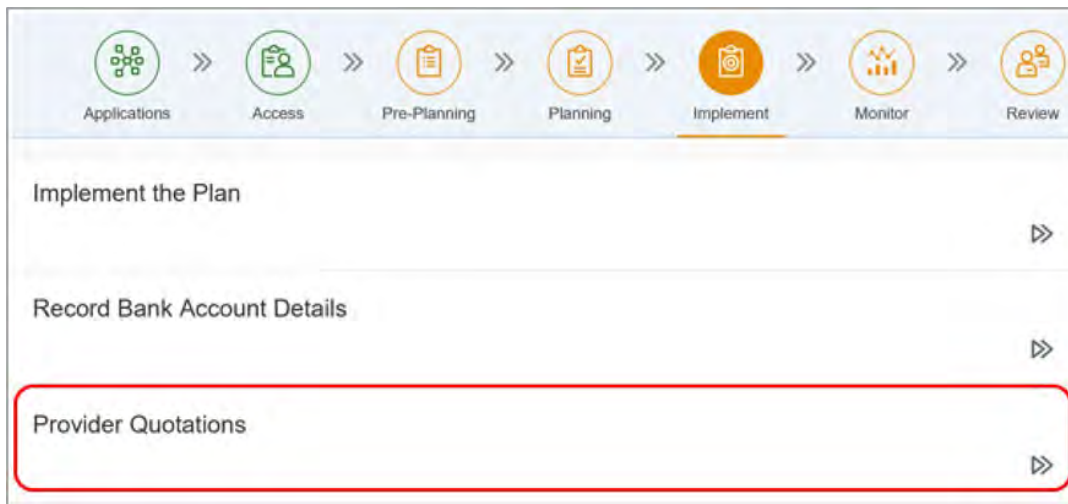

Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

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**.

Standard Operating Procedure

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.**

Standard Operating Procedure

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.

Standard Operating Procedure

For Internal Use Only

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
July 2023	**Amended content:** Wording updates to decision letter email template.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. ❑ 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. ❑ Access to the intranet to view linked SOPs and templates. ❑ 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. ❑ Identified intake has been completed and you are familiar with the Intake of a Planning Internal Review Request Standard Operating

ndis

Standard Operating Procedure

For Internal Use Only

Topic	Checklist
	Procedure and <u>Managing Miscategorised Internal Review Requests Standard Operating Procedure</u>. ❑ Allocated the work item to yourself following all steps in the <u>Self Allocation on the System Standard Operating Procedure</u>. ❑ Familiarised yourself with the <u>Escalation and Prioritisation Matrix</u>.
Actions	❑ <u>3.0 Scope of Review</u> ❑ <u>4.1 Conduct a desktop review</u> ❑ <u>4.2 Contact the Participant</u> ❑ <u>4.3 Make a decision for the internal review request</u> ❑ <u>4.4 Make a preliminary decision on plan duration</u> ❑ <u>4.5 Submit a decision outcome</u> ❑ <u>4.6 Build the new plan (if required)</u> ❑ <u>4.7 Approve the new plan</u> ❑ <u>4.8 Record the Decision Outcome</u> ❑ <u>4.9 Communicate the Outcome of the decision (if required)</u> ❑ <u>4.10 Prepare and send the decision letter</u> ❑ <u>4.11 Inform National Delivery or Partners in the Community of decision made</u> ❑ <u>4.12 Complete remaining closure tasks</u> ❑ <u>8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC</u> ❑ <u>8.2 Appendix B – Talking Points</u> ❑ <u>8.3 Appendix C – Linking evidence to the s100 form</u> ❑ <u>8.4 Appendix D – Creating and Implementing SDA Quotes</u>

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 <u>Principles of s100 Planning Review</u> guidance , <u>Managing Miscategorised Internal Review Requests Standard Operating Procedure</u> and the <u>Choose the Right Request Tool</u>.

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Standard Operating Procedure

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:

   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 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).

V24.1 2023-07-07   Complete a Planning Internal Review Decision   Page 4 of 44
This document is uncontrolled when printed.
Page 595 of 875

- 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.

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) - certa@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.

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 Reivew 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

- 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

progress on the s100 are captured in the one interactionl. 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 informaiton 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)

Standard Operating Procedure

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:	☐
* 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.

This document is uncontrolled when printed.

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.

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 xxxxxxxxx@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.

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 complete the TAB Advice Request form

Standard Operating Procedure

- 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:

    a) Date review was requested by the participant:

    b) What type of supports are you seeking advice for:

    c) What evidence do you wish to be considered:

    d) Where is the evidence located on CRM:

    e) What advice is being sought:

    f) 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

- **NARB**: Leave blank

- **PRR Date**: Enter the date the internal review was requested by the participant

This document is uncontrolled when printed.

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.

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.**

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.

Standard Operating Procedure

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.

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.

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

Standard Operating Procedure

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 apropriate.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.

Standard Operating Procedure

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

This document is uncontrolled when printed.

Standard Operating Procedure

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.

This document is uncontrolled when printed.

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.

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.

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. This option is selected to supress 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.

Standard Operating Procedure
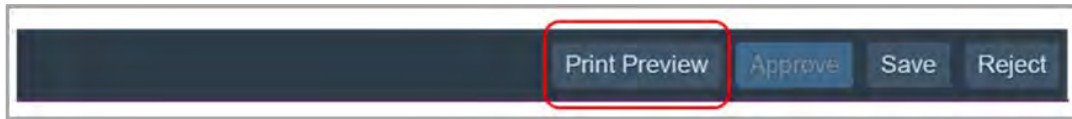
For Internal Use Only

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

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 accesssibilty 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 idenitiy 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 Suport Cordinator for help in using the plan to access supports or find supports including where it has been idenitifed 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.

- 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>

   Please find attached the outcome of your request for an internal review of a decision.

   <It may be helpful to engage with a <Local Area Coordinator/EC Partner/Support Coordinator> who will help <you/Participant's name> <connect to services, implement and utilise plan supports>.

   Further information can be found in the next steps section 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.

   • 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.

Standard Operating Procedure

For Internal Use Only

- 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 (TDL262) 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.

Standard Operating Procedure

For Internal Use Only

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

Standard Operating Procedure

For Internal Use Only

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

Standard Operating Procedure

For Internal Use Only

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
24.0	KMM575	Escalation holding bay updated.	APPROVED	2023-06-16
25.0	KMM575	Wording updates to decision letter email template.	APPROVED	2023-07-10

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.

Standard Operating Procedure

For Internal Use Only

4. Select **Edit** and then the **+ symbol** to add a new workflow identifier.

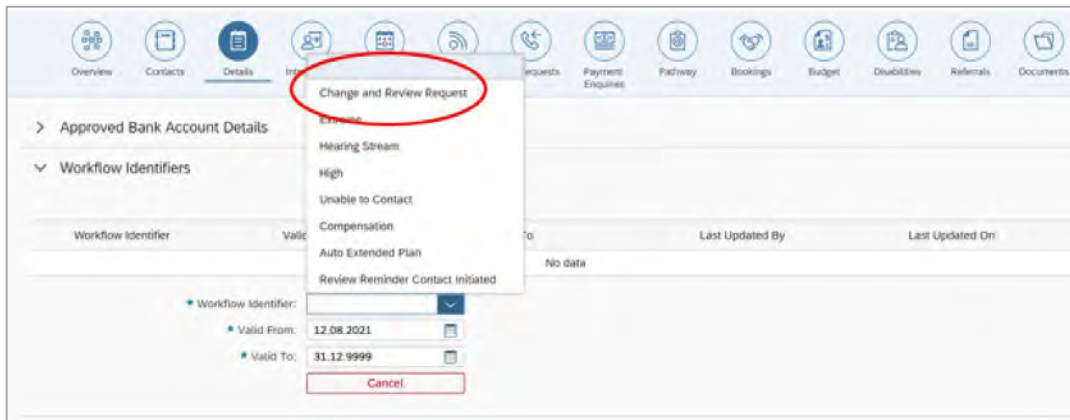5. Select the **Change and Review Request** identifier from the drop down.

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact Initiated The Valid From date is the date the review application was approved.
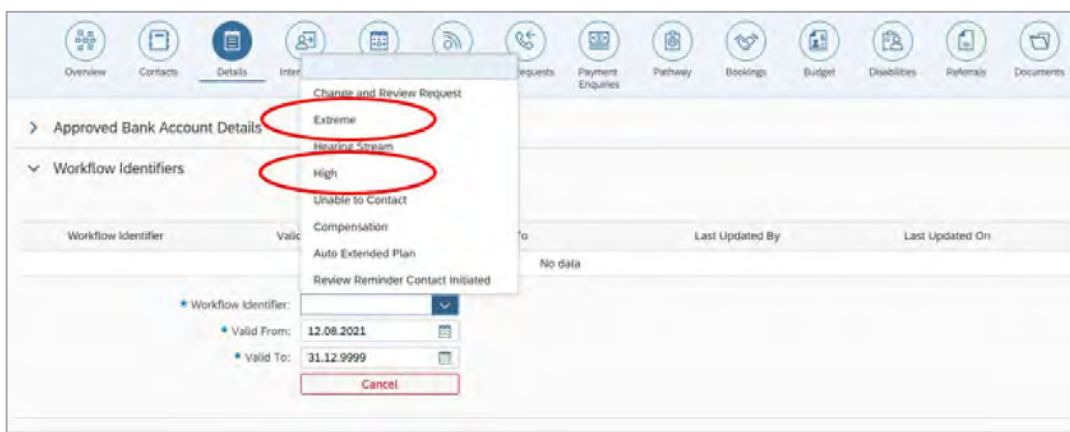
6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved.**

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, 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.

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.

- 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**

Standard Operating Procedure

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.

  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).

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.

- 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. This will support with understanding and implementing their plan.

- 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.

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

Standard Operating Procedure

For Internal Use Only

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.
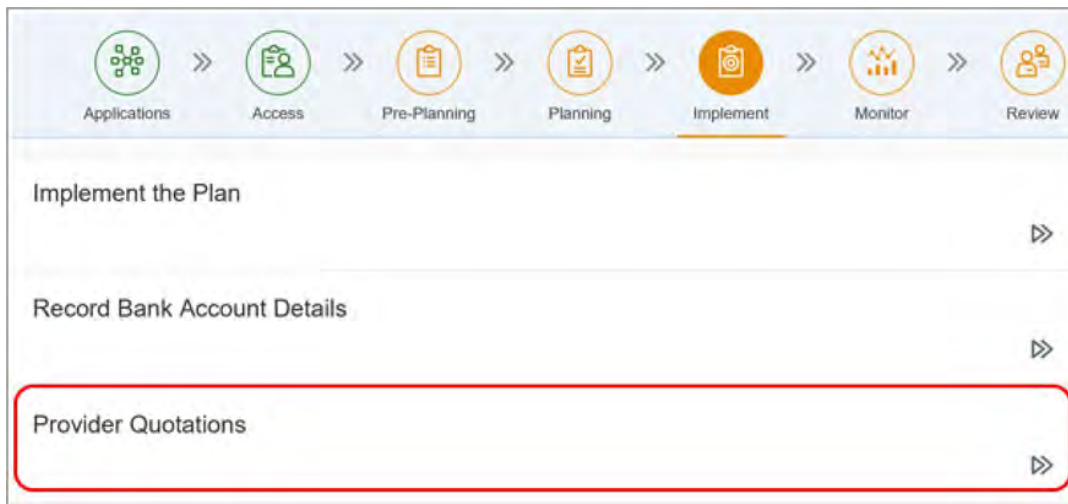

Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

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**.

Standard Operating Procedure

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.**

Standard Operating Procedure

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.

V24.1 2023-07-07   Complete a Planning Internal Review Decision   Page 44 of 44
This document is uncontrolled when printed.
Page 635 of 875

Standard Operating Procedure

For Internal Use Only

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
August 2023	**Amended content:** Wording update to UTC email template. Standard Operating Procedure – Complete a security check, link added within this SOP. At 4.2.3, Note added to end the RFI alert and complete the next action date field.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. ❑ 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. ❑ Access to the intranet to view linked SOPs and templates.

ndis

Standard Operating Procedure

For Internal Use Only

Topic	Checklist
	❑ 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. ❑ 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. ❑ Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. ❑ Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	❑ 3.0 Scope of Review ❑ 4.1 Conduct a desktop review ❑ 4.2 Contact the Participant ❑ 4.3 Make a decision for the internal review request ❑ 4.4 Make a preliminary decision on plan duration ❑ 4.5 Submit a decision outcome ❑ 4.6 Build the new plan (if required) ❑ 4.7 Approve the new plan ❑ 4.8 Record the Decision Outcome ❑ 4.9 Communicate the Outcome of the decision (if required) ❑ 4.10 Prepare and send the decision letter ❑ 4.11 Inform National Delivery or Partners in the Community of decision made ❑ 4.12 Complete remaining closure tasks ❑ 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC ❑ 8.2 Appendix B – Talking Points ❑ 8.3 Appendix C – Linking evidence to the s100 form ❑ 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

Standard Operating Procedure

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)(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

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

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:

   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 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).
- 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.

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) - certa @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.

V26.0 2023-08-11   Complete a Planning Internal Review Decision   Page 6 of 45
This document is uncontrolled when printed.
Page 641 of 875

- 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](#)

Standard Operating Procedure

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 Reivew 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:

This document is uncontrolled when printed.

- 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 – Complete a security check.

- 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.

- 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 interactionl. 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 informaiton 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.

Standard Operating Procedure

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:	☐
* 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.

- The **Next action date** field and **RFI alert end date** need to be updated to match the **Case closure date** once the case is completed and closed in the database.

4.2.4 SMS Process

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

Standard Operating Procedure

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 <u>Internal Reviews planning</u> 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 <u>Email SMS Template</u>. Alternatively, if a participant's preferred method of contact is phone, you will select the <u>Phone SMS Template</u>.

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 <u>Internal Reviews Planning</u> 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>.

This document is uncontrolled when printed.

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.

If I do not hear from you by <date 7 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

Standard Operating Procedure

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 xxxxxxxxx@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.

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 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:

  a) Date review was requested by the participant:

  b) What type of supports are you seeking advice for:

  c) What evidence do you wish to be considered:

  d) Where is the evidence located on CRM:

  e) What advice is being sought:

  f) 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

Standard Operating Procedure

For Internal Use Only

- **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

- **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.

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.**

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.

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.

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.

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.

Standard Operating Procedure

For Internal Use Only

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.

Standard Operating Procedure

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 apropriate.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.

This document is uncontrolled when printed.

Standard Operating Procedure

- 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

This document is uncontrolled when printed.

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.

Standard Operating Procedure

For Internal Use Only

Note: Plan comments will be printed in the participants plan. Refer to Standard Operating Procedure – Understand what prints on a participant's plan.

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.

Standard Operating Procedure

For Internal Use Only

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.

This option is selected to supress 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.

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.

Standard Operating Procedure

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

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.

This document is uncontrolled when printed.

- 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 accesssibilty 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 idenitiy of the person you are speaking to using the Standard Operating Procedure Complete a Security Check.

   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 Suport Cordinator for help in using the plan to access supports or find supports including where it has been idenitifed 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).

Standard Operating Procedure

- 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

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>

Please find attached the outcome of your request for an internal review of a decision.

<It may be helpful to engage with a <Local Area Coordinator/EC Partner/Support Coordinator> who will help <you/Participant's name> <connect to services, implement and utilise plan supports>.

Further information can be found in the next steps section 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.

Standard Operating Procedure

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.

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:

ndis

Standard Operating Procedure

For Internal Use Only

- Check interactions using the table format for any AT or HM items that are open, and also search ~~s22(1)(a)(ii) - irrelevant material~~ (TDL262) 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
- 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 – Complete a security check
- Standard Operating Procedure – Check third party consent or authority
- Standard Operating Procedure – Record third party consent
- 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

Standard Operating Procedure

For Internal Use Only

- [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

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	APPROVED	2023-01-20

V26.0 2023-08-11   Complete a Planning Internal Review Decision   Page 33 of 45
This document is uncontrolled when printed.
Page 668 of 875

Version	Amended by	Brief Description of Change	Status	Date
		updated to include: Requester team leader, Date request for Review Received and Age of review.		
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
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
24.0	KMM575	Escalation holding bay updated.	APPROVED	2023-06-16
25.0	KMM575	Wording updates to decision letter email template.	APPROVED	2023-07-10
26.0	KMM575	Wording update to UTC template. Complete a security check link added. At 4.2.3, Note added to end the RFI alert and complete the next action date.	APPROVED	2023-08-11

8. Appendices

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

Standard Operating Procedure

For Internal Use Only

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.

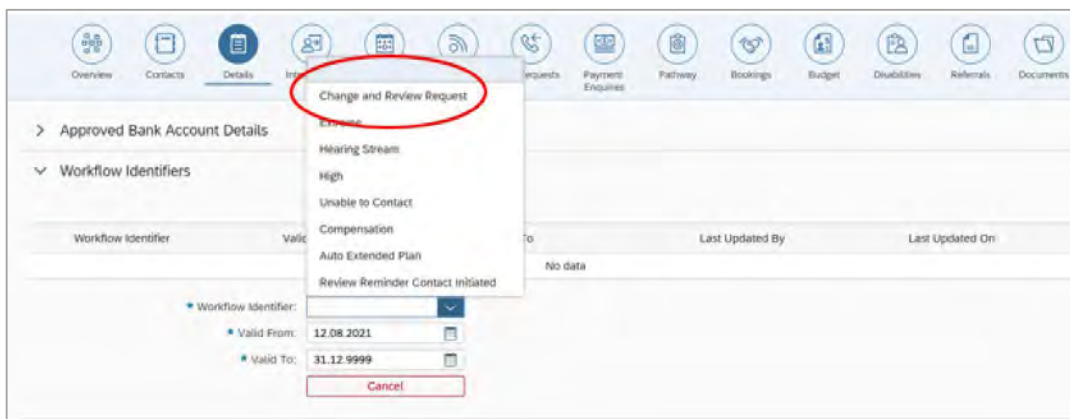5. Select the **Change and Review Request** identifier from the drop down.

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact 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

Standard Operating Procedure

For Internal Use Only

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.
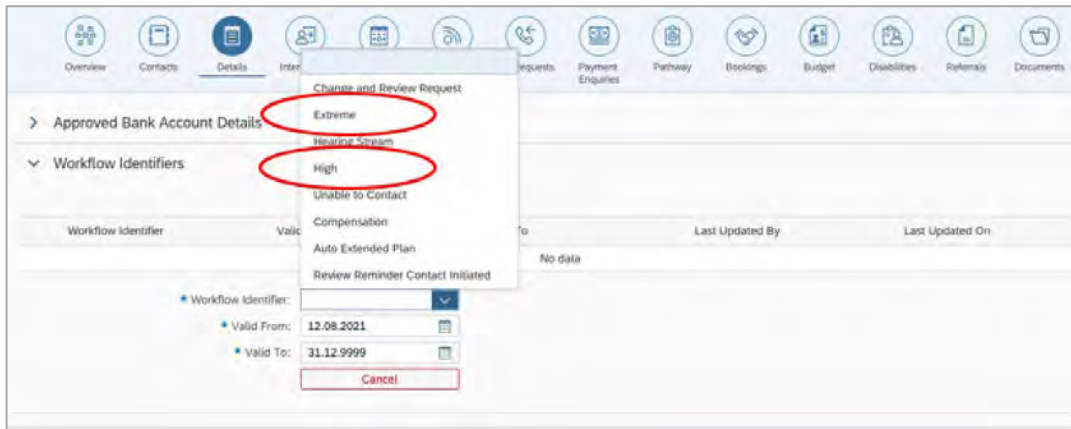

Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Contact Initiated The Valid From date is the date the review application was approved. Extreme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

- 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 – Complete a security check.

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?

Standard Operating Procedure

For Internal Use Only

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.

Standard Operating Procedure

For Internal Use Only

- 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.

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).

Standard Operating Procedure

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.

- 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. This will support with understanding and implementing their plan.

- 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.

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).

V26.0 2023-08-11   Complete a Planning Internal Review Decision   Page 41 of 45
This document is uncontrolled when printed.
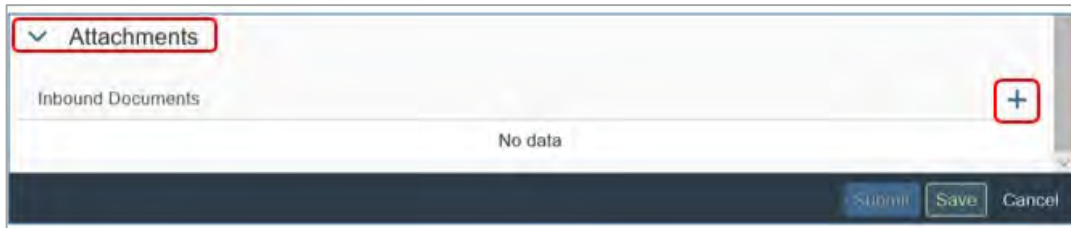Page 676 of 875

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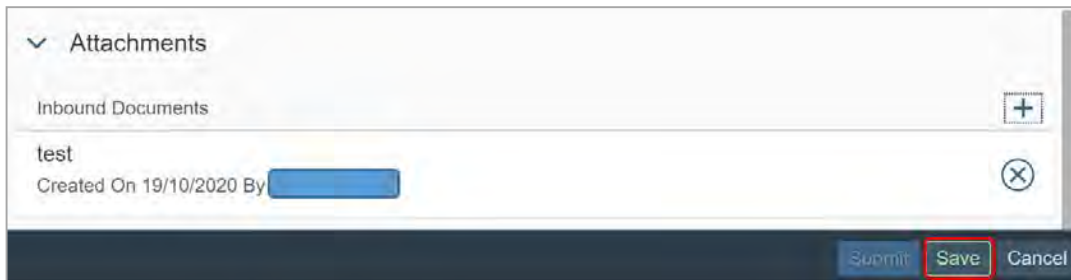
2. Select **Save**.

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

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.

Standard Operating Procedure
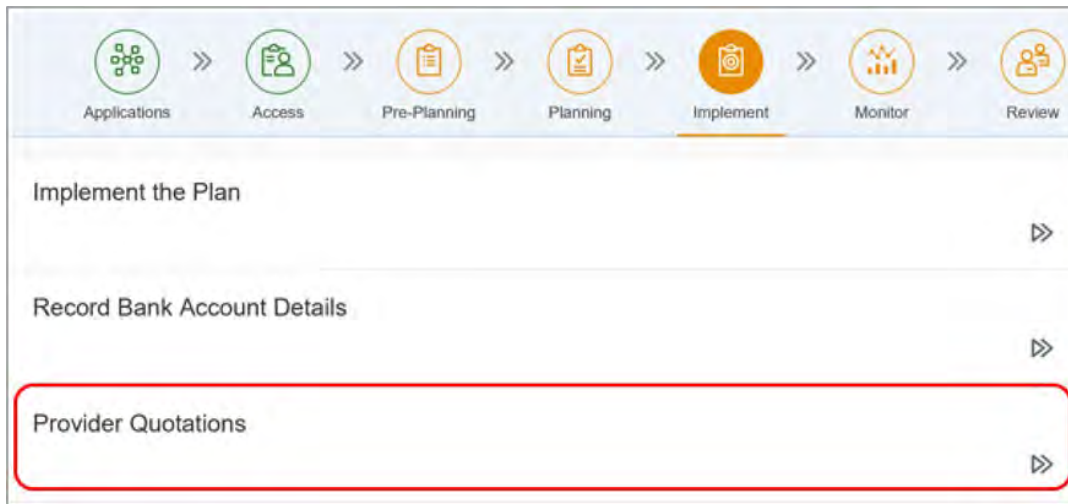
For Internal Use Only

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**.

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.

Standard Operating Procedure

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.**

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

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
August 2023	**Amended content:** At section 4.5, process step updates. **Added content:** At section 4.12.1 Referral process added for participants aged 65 and over.

2.   Checklist

Topic	Checklist
Pre-requisites	You have: ❑ Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. ❑ 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. ❑ Access to the intranet to view linked SOPs and templates. ❑ Read and considered the available Service Delivery Resources on the intranet, particularly in regards to Pre-planning, Planning

ndis

Standard Operating Procedure

For Internal Use Only

Topic	Checklist
	and Reassessments and Reviews before assessing requested supports. ❑ 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. ❑ Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure. ❑ Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	❑ 3.0 Scope of Review ❑ 4.1 Conduct a desktop review ❑ 4.2 Contact the Participant ❑ 4.3 Make a decision for the internal review request ❑ 4.4 Make a preliminary decision on plan duration ❑ 4.5 Submit a decision outcome ❑ 4.6 Build the new plan (if required) ❑ 4.7 Approve the new plan ❑ 4.8 Record the Decision Outcome ❑ 4.9 Communicate the Outcome of the decision (if required) ❑ 4.10 Prepare and send the decision letter ❑ 4.11 Inform National Delivery or Partners in the Community of decision made ❑ 4.12 Complete remaining closure tasks ❑ 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC ❑ 8.2 Appendix B – Talking Points ❑ 8.3 Appendix C – Linking evidence to the s100 form ❑ 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](#).

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

Standard Operating Procedure

For Internal Use Only

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:

    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 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

Standard Operating Procedure

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

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 s47E(d) - certa @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.

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](#)

Standard Operating Procedure

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 Reivew 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:

This document is uncontrolled when printed.

- 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 – Complete a security check.

- 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.

- 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 interactionl. 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 informaiton 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.

Standard Operating Procedure

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:	☐
* 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.

- The **Next action date** field and **RFI alert end date** need to be updated to match the **Case closure date** once the case is completed and closed in the database.

4.2.4 SMS Process

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

This document is uncontrolled when printed.

Standard Operating Procedure

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 <u>Internal Reviews planning</u> 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 <u>Email SMS Template</u>. Alternatively, if a participant's preferred method of contact is phone, you will select the <u>Phone SMS Template</u>.

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 <u>Internal Reviews Planning</u> 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>.

This document is uncontrolled when printed.

Standard Operating Procedure

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.

If I do not hear from you by <date 7 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 xxxxxxxxx@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.

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.

Standard Operating Procedure

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 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:

a) Date review was requested by the participant:

b) What type of supports are you seeking advice for:

c) What evidence do you wish to be considered:

d) Where is the evidence located on CRM:

e) What advice is being sought:

f) 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

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

- **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
- **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

This document is uncontrolled when printed.

- 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.**
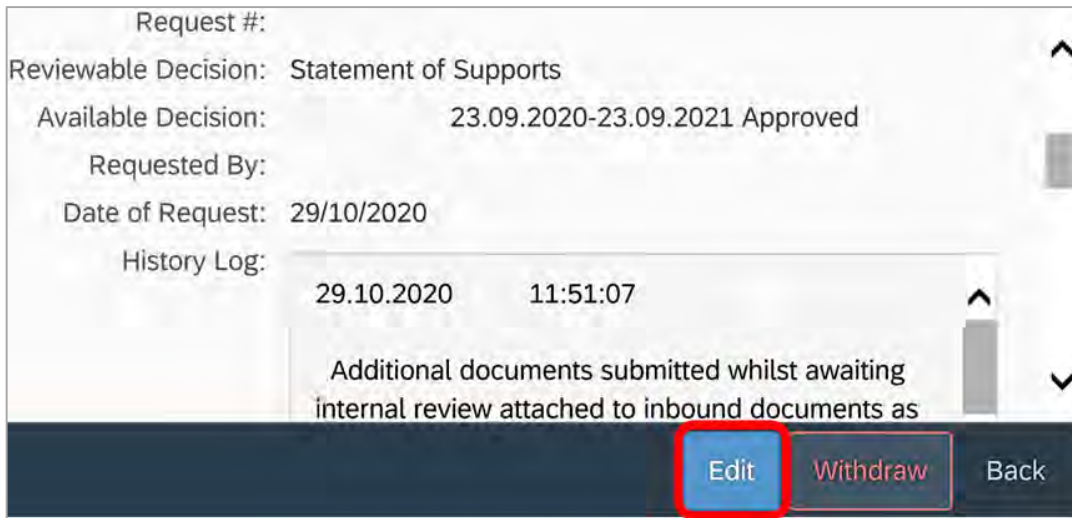
Standard Operating Procedure

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.

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.

For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Select **Submit** to confirm the outcome.

Below are examples for a review on statement of supports or a decision to not reassess a plan.

V27.0 2023-08-25   Complete a Planning Internal Review Decision   Page 18 of 45
This document is uncontrolled when printed.
Page 698 of 875

Standard Operating Procedure

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.

6. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Select **Submit** to confirm the outcome.

   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.

Standard Operating Procedure

- 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.

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 apropriate.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.

- 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 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.

Standard Operating Procedure

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.

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

This document is uncontrolled when printed.

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".

Standard Operating Procedure

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 supress 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.

This document is uncontrolled when printed.

Standard Operating Procedure
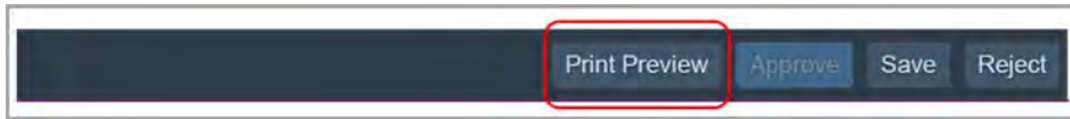
For Internal Use Only

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

Standard Operating Procedure

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 accesssibilty 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 idenitiy of the person you are speaking to using the Standard Operating Procedure Complete a Security Check.

   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 Suport Cordinator for help in using the plan to access supports or find supports including where it has been idenitifed 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.

- 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>

   Please find attached the outcome of your request for an internal review of a decision.

   <It may be helpful to engage with a <Local Area Coordinator/EC Partner/Support Coordinator> who will help <you/Participant's name> <connect to services, implement and utilise plan supports>.

   Further information can be found in the next steps section 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.

    - 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 (TDL262) 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.

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

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

4.12.1 For participants aged 65 and over - Referral to Aged Care Advisory team

When you have identified that supports are most appropriately funded through mainstream, community and informal supports, the Aged Care Advisory team must be notified,

1. Send an email to s47E(d) - certain operations of agencies @ndis.gov.au and use the below template.

2. In the **CC** field include s22(1)(a)(ii) - irrelevant material , s22(1)(a)(ii) - irrelevant material , s22(1)(a)(ii) - irrelevant mater and your assistant director.

3. In the implementation interaction, record that the referral email has been sent to the Aged Care Advisory Team.

Aged Care Advisory Team email template

Subject: <Participant Name>, <Participant NDIS Number>: 65+ referral for transitional mainstream supports.

Body:

Hello,

During the IRT s100 65+ assessment meeting, consideration was given to the impact of health, aging and disability related supports. The below participant was identified to benefit for discussion and support with transition to mainstream supports. The s100 has been finalised and CRM updated to including the outcome letter and interaction notes from the decision call, sending through for follow up:

NDIS number:

Age:

Primary and Secondary Disability:

Kind regards,

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 – Complete a security check

Standard Operating Procedure

For Internal Use Only

- [Standard Operating Procedure – Check third party consent or authority](#)
- [Standard Operating Procedure – Record third party consent](#)
- [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

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

V27.0 2023-08-25   Complete a Planning Internal Review Decision   Page 33 of 45
This document is uncontrolled when printed.
Page 713 of 875

Version	Amended by	Brief Description of Change	Status	Date
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
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
24.0	KMM575	Escalation holding bay updated.	APPROVED	2023-06-16

Standard Operating Procedure

For Internal Use Only

Version	Amended by	Brief Description of Change	Status	Date
25.0	KMM575	Wording updates to decision letter email template.	APPROVED	2023-07-10
26.0	KMM575	Wording update to UTC template. Complete a security check link added. At 4.2.3, Note added to end the RFI alert and complete the next action date.	APPROVED	2023-08-11
27.0	KMM575	Referral process added for participants aged 65 and over. At section 4.5, process step updates.	APPROVED	2023-08-25

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.

Standard Operating Procedure

For Internal Use Only
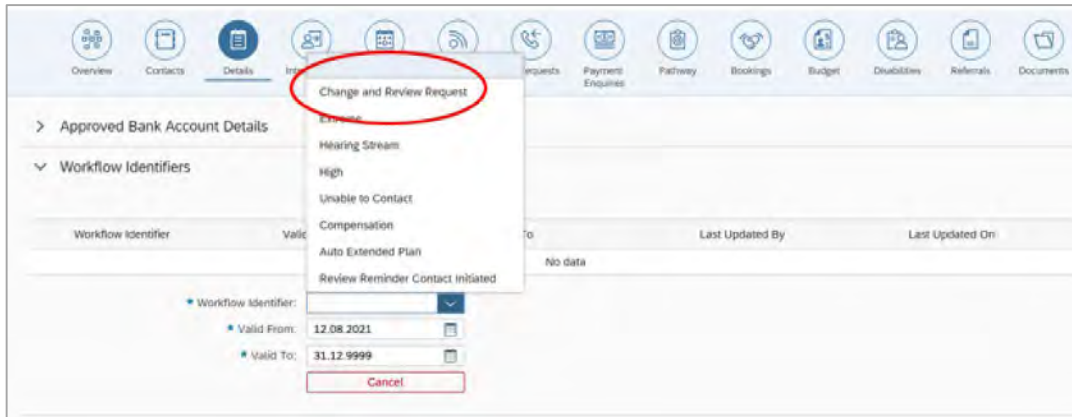

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact Initiated The Valid From date is the date the review application was approved.

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.
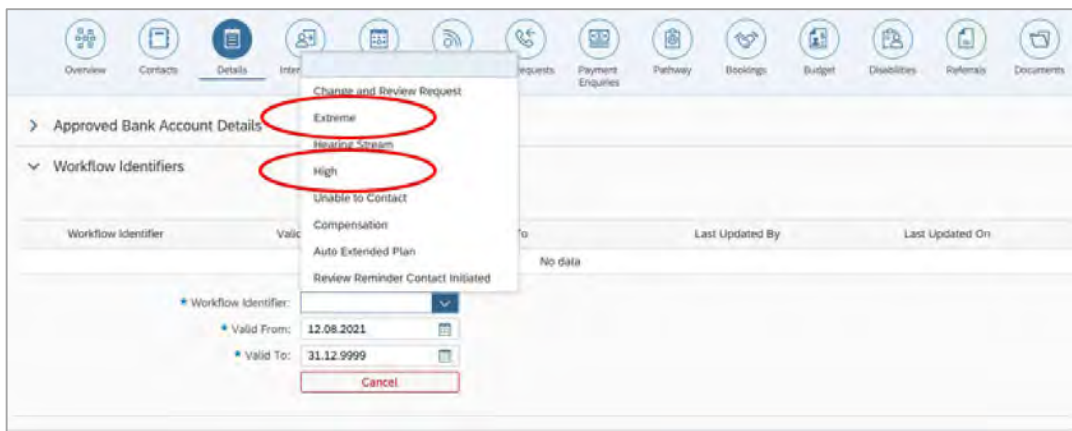

Image caption: Screenshot of Workflow identifier drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact,

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 – Complete a security check.

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.

- 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.

- 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.

- 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.

- 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. This will support with understanding and implementing their plan.

- 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.

Standard Operating Procedure

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

Standard Operating Procedure

For Internal Use Only

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.
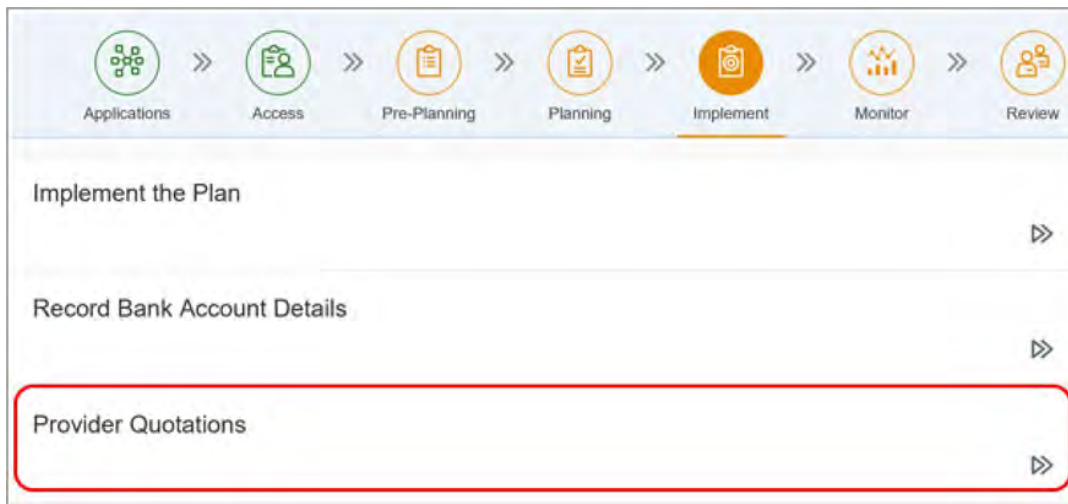

Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

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**.

This document is uncontrolled when printed.

Standard Operating Procedure

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.**

Standard Operating Procedure

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.

V27.0 2023-08-25   Complete a Planning Internal Review Decision   Page 45 of 45
This document is uncontrolled when printed.
Page 725 of 875

Standard Operating Procedure

For Internal Use Only

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
September 2023	**Added content:** Section 4.1.5, process added for discussion with priority review officer. **Removed Content:** Section 4.1.5, assigning reviews with a CRA to the escalations holding bay.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ Not been involved in the making of the original decision that is being reviewed. The internal review must be completed by a different delegate. ❑ 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. ❑ Access to the intranet to view linked SOPs and templates.

Standard Operating Procedure
For Internal Use Only

Topic	Checklist
	❑ 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.
	❑ 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.
	❑ Allocated the work item to yourself following all steps in the Self Allocation on the System Standard Operating Procedure.
	❑ Familiarised yourself with the Escalation and Prioritisation Matrix.
Actions	❑ 3.0 Scope of Review
	❑ 4.1 Conduct a desktop review
	❑ 4.2 Contact the Participant
	❑ 4.3 Make a decision for the internal review request
	❑ 4.4 Make a preliminary decision on plan duration
	❑ 4.5 Submit a decision outcome
	❑ 4.6 Build the new plan (if required)
	❑ 4.7 Approve the new plan
	❑ 4.8 Record the Decision Outcome
	❑ 4.9 Communicate the Outcome of the decision (if required)
	❑ 4.10 Prepare and send the decision letter
	❑ 4.11 Inform National Delivery or Partners in the Community of decision made
	❑ 4.12 Complete remaining closure tasks
	❑ 8.1 Appendix A - Assigning a Review Application or Interaction for action by ND and PiTC
	❑ 8.2 Appendix B – Talking Points
	❑ 8.3 Appendix C – Linking evidence to the s100 form
	❑ 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

V28.0 2023-09-01   Complete a Planning Internal Review Decision   Page 2 of 45
This document is uncontrolled when printed.
Page 727 of 875

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)(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

Standard Operating Procedure

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:

   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 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).
- 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

Standard Operating Procedure

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 [s47E(d) - certa]@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.

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

- 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](#).

2. If the internal review relates to one of the following categories you must first have a discussion with a priority review officer who will provide you with further guidance on the process and information to apply these decisions.

    - AAT fast track

    - Hospital Discharge, Justice or YPIRAC

    - Compensation

    - SATSS (Commonwealth, State and Territory Statutory Scheme)

    - Family as paid supports

    - Child Representative (decision to appoint/revoke), Correspondence Nominee (decision to appoint/revoke) Plan Nominee (decision to appoint/revoke)

    Gather all existing information relating to the request in preparation for your discussion. Check with your Line Manager for the priority review officer support roster.

3. 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

This document is uncontrolled when printed.

Standard Operating Procedure

For Internal Use Only

- 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 Reivew 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 – Complete a security check.

- 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.

- 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 interactionl. 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 informaiton 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:	☐
* 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.

*   The **Next action date** field and **RFI alert end date** need to be updated to match the **Case closure date** once the case is completed and closed in the database.

4.2.4 SMS Process

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

Standard Operating Procedure

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.

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>.

Standard Operating Procedure

For Internal Use Only

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.

If I do not hear from you by <date 7 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 xxxxxxxxx@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.

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.

Standard Operating Procedure

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 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:

a) Date review was requested by the participant:

b) What type of supports are you seeking advice for:

c) What evidence do you wish to be considered:

d) Where is the evidence located on CRM:

e) What advice is being sought:

f) 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

Standard Operating Procedure

For Internal Use Only

- **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
- **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.

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.**
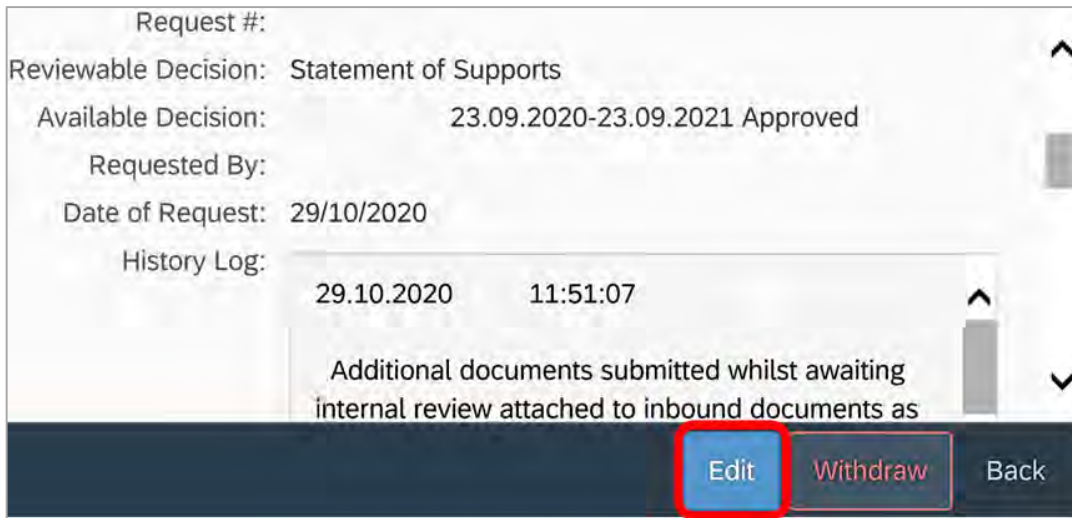
Standard Operating Procedure

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.

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.

For **Confirmed** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Select **Submit** to confirm the outcome.

Below are examples for a review on statement of supports or a decision to not reassess a plan.

This document is uncontrolled when printed.

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.

6. For **Set-aside** decisions, record a justification explaining the outcome in the **Outcome Justification** box. Select **Submit** to confirm the outcome.

    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.

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 apropriate.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.

- 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 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.

Note: Plan comments will be printed in the participants plan. Refer to Standard Operating Procedure – Understand what prints on a participant's plan.

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.

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. This option is selected to supress the default cover letter which is sent with plan approvals, as it will be replaced by our decision letter.
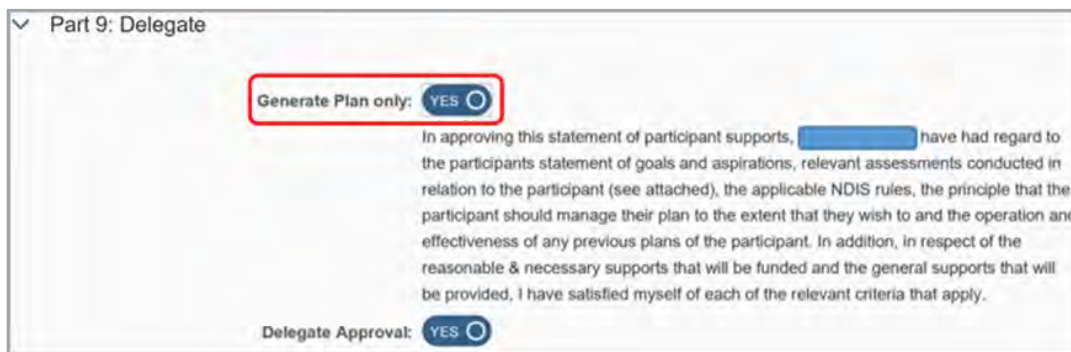

Image caption: Screenshot of Part 9: Delegate screen from the Planning; Finalise Plan and Approve system tab. Select yes on the Generate plan only.

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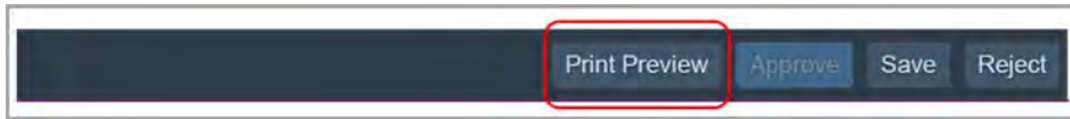
Image caption: Screenshot of the buttons at the bottom of the Finalise Plan and Approve screen with Print Preview highlighted.

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

Standard Operating Procedure

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 accesssibilty 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 idenitiy of the person you are speaking to using the Standard Operating Procedure Complete a Security Check.

   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 Suport Cordinator for help in using the plan to access supports or find supports including where it has been idenitifed 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,

Standard Operating Procedure

For Internal Use Only

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>

    Please find attached the outcome of your request for an internal review of a decision.

    <It may be helpful to engage with a <Local Area Coordinator/EC Partner/Support Coordinator> who will help <you/Participant's name> <connect to services, implement and utilise plan supports>.

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

    Kind regards,

    <First Name and surname initial of Internal Review Officer>

    - **SMS Template for Decision Letter:**

Standard Operating Procedure

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.

- 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 (TDL262) 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.

ndis

Standard Operating Procedure

For Internal Use Only

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

4.12.1 For participants aged 65 and over - Referral to Aged Care Advisory team

When you have identified that supports are most appropriately funded through mainstream, community and informal supports, the Aged Care Advisory team must be notified,

1. Send an email to ^s47E(d) - certain operations of agencies @ndis.gov.au and use the below template.

2. In the **CC** field include ^s22(1)(a)(ii) - irrelevant material , ^s22(1)(a)(ii) - irrelevant material , ^s22(1)(a)(ii) - irrelevant mater and your assistant director.

3. In the implementation interaction, record that the referral email has been sent to the Aged Care Advisory Team.

Aged Care Advisory Team email template

Subject: <Participant Name>, <Participant NDIS Number>: 65+ referral for transitional mainstream supports.

Body:

Hello,

During the IRT s100 65+ assessment meeting, consideration was given to the impact of health, aging and disability related supports. The below participant was identified to benefit for discussion and support with transition to mainstream supports. The s100 has been finalised and CRM updated to including the outcome letter and interaction notes from the decision call, sending through for follow up:

NDIS number:

Age:

Primary and Secondary Disability:

Kind regards,

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 – Complete a security check

Standard Operating Procedure

For Internal Use Only

- Standard Operating Procedure – Check third party consent or authority
- Standard Operating Procedure – Record third party consent
- 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

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

V28.0 2023-09-01   Complete a Planning Internal Review Decision   Page 33 of 45
This document is uncontrolled when printed.
Page 758 of 875

Version	Amended by	Brief Description of Change	Status	Date
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
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
24.0	KMM575	Escalation holding bay updated.	APPROVED	2023-06-16

Standard Operating Procedure

For Internal Use Only

Version	Amended by	Brief Description of Change	Status	Date
25.0	KMM575	Wording updates to decision letter email template.	APPROVED	2023-07-10
26.0	KMM575	Wording update to UTC template. Complete a security check link added. At 4.2.3, Note added to end the RFI alert and complete the next action date.	APPROVED	2023-08-11
27.0	KMM575	Referral process added for participants aged 65 and over. At section 4.5, process step updates.	APPROVED	2023-08-25
28.0	KMM575	Process added for discussion with priority review officer. Removed - Section 4.1.5, assigning reviews with a CRA to the escalations holding bay.	APPROVED	2023-09-01

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.
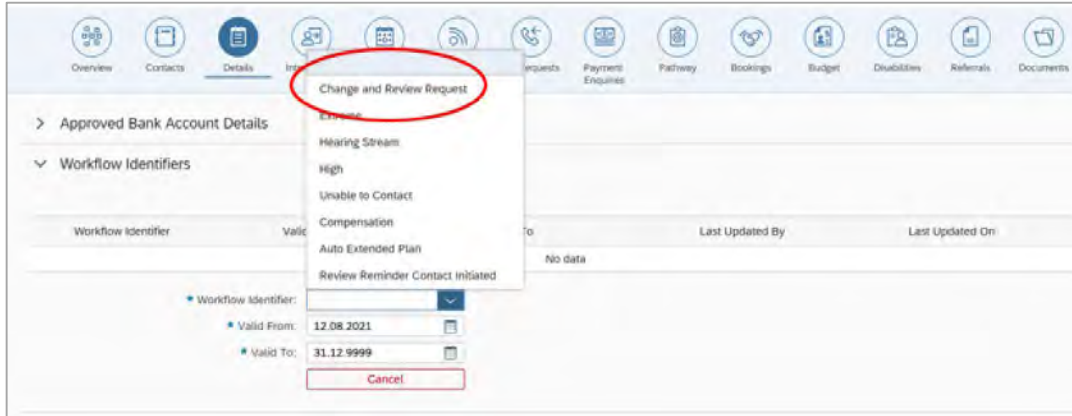

Image caption: Screenshot of Workflow identifer drop down listing selection Change and Review Request, Extreme, Hearing Stream, High, Unable to Contact, Compensation, Auto Extended Plan and Review Reminder Cointact Initiated The Valid From date is the date the review application was approved.
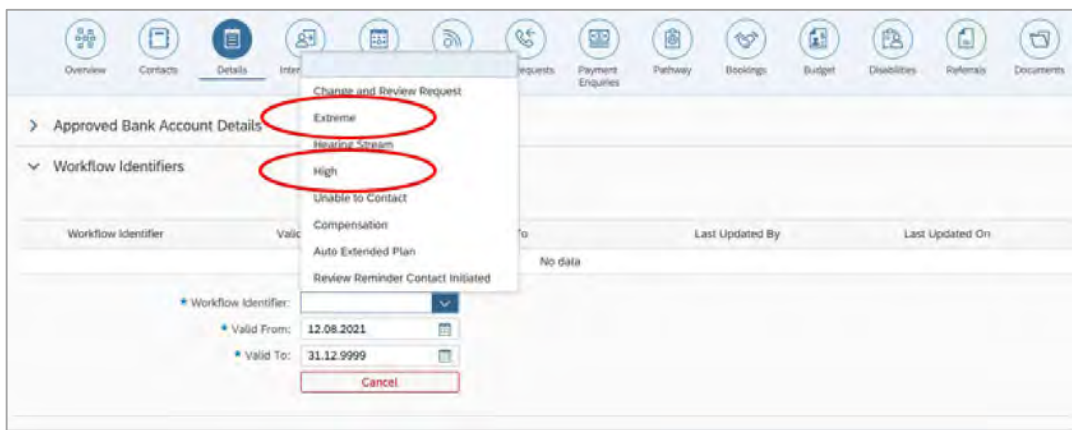
6. Add a **Valid To** date for **four** calendar months from the date the **review application** was **approved.**

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, 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 – Complete a security check.

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.

- 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**

Standard Operating Procedure

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.

   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).

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.

- 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. This will support with understanding and implementing their plan.

- 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.

Standard Operating Procedure

For Internal Use Only

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

Standard Operating Procedure

For Internal Use Only

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.
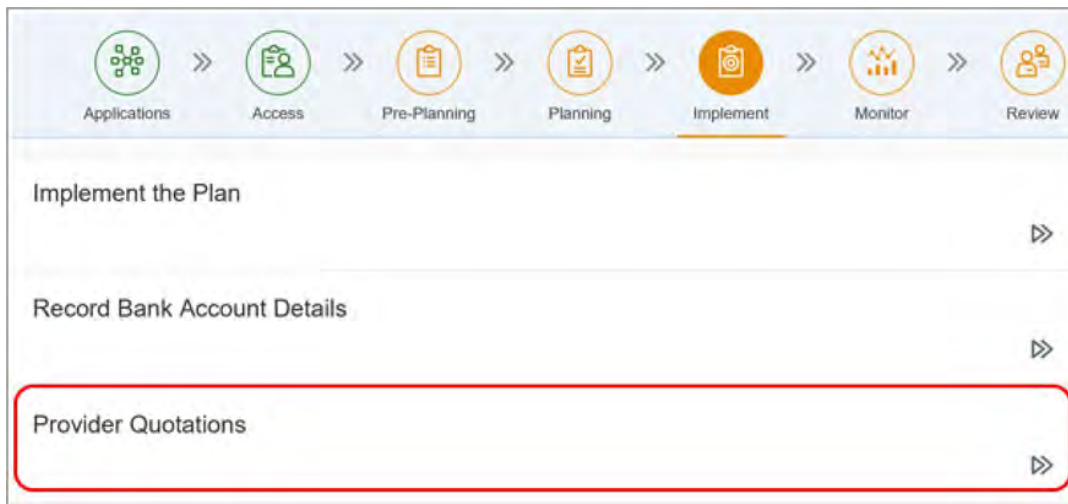

Image caption: CRM screenshot showing the implement screen with provider quotations task highlighted.

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**.

Standard Operating Procedure

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.**

Standard Operating Procedure

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.

This document is uncontrolled when printed.

Guidance

For Internal Use Only

The contents of this document are OFFICIAL.

Principles of In Scope for s100 Planning Review

This guidance is to support an understanding of what is considered in scope for an internal review of a decision for Internal Review Officers (IROs) and Business Support Officers (BSOs).

The NDIA has more than one way to review a plan. Sometimes it is hard to understand which pathway is the right one to address a participant's request for a review/reassessment of variation. This document can be used in conjunction with the Choose the Right Review Tool.

1. Recent updates

Date	What's changed
May 2022	Additional example for scope of review and guidance for secondary disability

2. Index

3. What can be reviewed as part of the statement of supports

The statement of supports includes:

- what NDIS-funded supports are included in a participant's plan
- how those supports are described

- how long the plan goes for
- how the funding in the plan is managed.

4. What is being reviewed

The intent of internal review is to determine if the original decision made was correct under the law.

When reviewing a decision about a participant's plan, we . This look at their situation and disability support needs at the time of the original decision to approve their plan.

This means:

The participant circumstances will be considered as they were at the time of the original decision*; and

The supports in the plan will be considered in the context of the goals included in the plan at the time of the original decision.

Includes when a participant advised the planner of a change of circumstances that was due to occur before the plan end date.

The internal review team will seek to review the request based on the issue(s) at hand, and confine the scope of the review to those issue(s) that the participant wishes to raise as part of their request. If there are dependencies or related issues, these will also be considered.

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore there does not have to be an explicit request for a support made during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically request the supports they wish to be included in their plan. It is the planner's responsibility to gather and review all information and documentation before making a decision about what funded supports will be included in the participant's plan.

Other parts of the plan include how the funding is managed and how long the plan goes for. If a participant has discussed these with the planner and the planner has made a decision against the participant's preferences, this should be considered as an internal review.

5. What will not be considered in an internal review

The following factors will not be considered in an internal review. Contact with the participant is required to discuss their options.

This document is uncontrolled when printed.

OFFICIAL

Sometimes the factors below may occur at the same time as requesting an internal review or an internal review is already in progress. In these situations, a conversation with the participant to identify the correct pathway for the request is required. In this conversation, we must explain the scope of an internal review, their review rights and manage their expectations. Refer to the **Conversation Prompts** in section 9.

5.1   Change to circumstances occurring after the plan was approved

Where a participant's disability support needs, informal supports, living arrangements, employment or compensation factors have changed, they should seek a review of the plan through a participant requested plan review

Changes to goalsThe statement of goals and aspirations is not a reviewable decision. Where a participant wants to add or change a goal but no changes are required to the supports funded, they do not need to have a plan review. Changes to the participant statement can be made to the existing plan and should be actioned by National Delivery. If the requested change also requires a reassessment of their support needs, then a participant requested review is the correct pathway.

Processing of assessments and quotes requested by the original delegateThe original decision is not considered to be completed until the assessment or quote requested has been received and considered. Where an assessment or quote has been asked for, the correct pathway to consider the funding is an agency initiated plan review as the intent of the planner was to consider the supports on receipt of the assessment.

6.   Additional evidence or information

The reviewer will consider any existing evidence and the participant may also provide further information or evidence to support their request(s). Evidence that may have been obtained after the decision was made can be considered. All of the evidence will be considered in the context of the circumstances and the goals at the time of the original decision, irrespective of when the evidence or information was provided.

It is important to review the content of the information to determine whether there has been a change to the participant's support needs since the original decision.

Difference between additional information and new information.

A participant can request a support be considered in their internal review even if it was not requested at their planning meeting.

Information that is new does not always mean it should be actioned through the participant requested plan review.

This document is uncontrolled when printed.

Let's have a look at how the content of the new or additional information can help us determine what the next steps are for the request/s in the scenarios identified below.

A **Progress Report** has been submitted after plan approval recommending a higher level of speech and language pathology than what has been funded. The report talks about how the participant has progressed with their current plan and towards their goals. While this is new information, it relates to the participants support needs at the time of the original decision and can be used as evidence to support the internal review request. There is no mention in the report of a change to the participants' functional capacity or circumstances since the original decision.

Assessment Report dated after the plan approval for a participant has been submitted. The assessment is recommending a support that has not been included in the original decision. On review of the plan, there was funding included for this assessment to be completed. An example of the comment in the plan may read "Support from an assessor to assist me to select, set up and use my assistive technology "or "Support to explore and design a potential Individualised Living Options". The original planner has not made a decision on these supports. An internal review can only be completed after a decision is made. The correct pathway for the participant is therefore to have a plan review to assess support needs based on the provided assessment. This should be undertaken by national delivery through an agency initiated review. If no funding was provided for assessments then it must be assumed this assessment has been provided by the participant as evidence to support the internal review request.

A **report** has been provided stating the participant has had a significant decline in their functional capacity. The report states the participant now requires more access to daily living supports than what is provided in the current plan. The original planner could not anticipate the decline in the participant's functional capacity. The decline started shortly after the plan was approved. The participant requires a reassessment of their support needs and therefore the correct pathway is a plan review due to this change in circumstances. An internal review can only consider the participants circumstances at the time of the original decision. This pathway should be discussed with the participant.

7.   Withdrawing internal review requests

When an internal review request has been lodged, it cannot be withdrawn without the consent of the participant.

Where a participant does not consent to withdraw a request the internal review decision must be made.

Guidance

The internal review officer should provide clear and accurate advice about the achievable outcomes of the review and alternate pathway processes to support the participant to make a decision to progress or withdraw a request.

Where a participant elects to progress with an internal review in circumstances where the original decision is incomplete, the circumstances changed after the decision date, or do not relate to a stated goal, the reviewer will consider the decision in the context at the time of the decision. Where the original decision was sound it would be confirmed.

8. Case examples

8.1 Example 1 – Both In and Out of Scope Requests

Bob has requested therapy funding for his son Charlie to support his communication goal. Bob has provided a speech therapy report obtained after his plan was approved. The report aligns with Charlie's current goal and there is no indication of a change to Charlie's support needs or circumstances. The approved plan did not contain any therapy support funding. Bob further advised they have moved house after the plan was approved and they need a new ramp to assist Charlie to access the house.

Is this in scope for IRT?

The funding for therapy can be considered in the context of the goals and circumstances of the original plan, even though Bob didn't ask for this in Charlie's planning meeting. However, the additional home modifications are a result of changed circumstances and an original decision has not been made on this. A discussion with Bob (refer to **Conversation Prompts** in section 9) should occur to confirm that only the therapy can be considered and outline his review options. Bob could elect to withdraw the internal review and progress with a plan review to address the home modification needs and at the same time discuss with the planner Charlie's therapy needs as part this review. If Bob remains dissatisfied with the funding in Charlie's new plan he can request an internal review. Bob's timeframe to request an internal review will be reset to when the new decision was made.

Alternatively, Bob could elect to progress with an internal review for the therapy request, understanding that funding for a ramp will not be included as no decision has previously been made.

What would the outcome be if internal review was elected?

The internal review officer will consider all the information the planner initially had, Charlie's situation and support needs at the time of the original decision, his current

V3.0 2021-11-23   Principles of s100 Planning Review   Page 5 of 12
This document is uncontrolled when printed.
OFFICIAL
Page 775 of 875

plan, and this new report to determine if speech therapy funding should have been included in Charlie's plan. The ramp will not be included in the decision as per discussion with Bob and recorded in conversation. Bob will need to resubmit the request for a ramp once the internal review has been completed.

Note: If Charlie's functional capacity had changed since the original decision the funding for therapy should also be considered through a participant requested review.

8.2   Example 2 – Out of Scope: Change of Circumstances

Andrew has requested additional therapies for his son Luke as there has been a decline in his mobility after his plan was approved. Andrew has written in the internal review request the current level of funding for therapy is insufficient and does not meet Luke's changed support needs.

Is this in scope for IRT?

No. From reviewing the internal review request, Andrew is very unhappy with the funding amount in Luke's plan. Andrew has provided an allied health report outlining a decline in Luke's functional capacity recently due to an unexpected complication of his disability. A change in Luke's support needs has occurred since the original decision was made. The correct pathway to consider the request for therapy funding is a participant requested review pathway. As the initial request is for an internal review, you have a discussion with Andrew (refer to **Conversation Prompts** in section 9) to outline the different options and the likely outcomes of those pathways.

Andrew's expectations regarding both options need to be managed. Andrew could elect to withdraw the internal review and progress with a plan review to address the change in Luke's circumstances. If Andrew remains dissatisfied with the funding in Luke's new plan he can then request an internal review. Andrew's timeframe to request an internal review will be reset when the new decision was made. If Andrew still wishes to progress the request through internal review he needs to be aware the reviewer will consider Luke's support needs at the time of the review and not take into account the change. If the original decision was sound, it would be confirmed and the plan remain unchanged. He would then need to submit a plan review request to consider the change in support needs.

8.3   Example 3 – Out of Scope: Goal Change

Joe has received an offer of employment through an Australian Disability Enterprise (ADE). Joe does not have a goal related to employment in his plan.

Is this in scope for IRT?

No. The original decision maker would not have considered supports that do not relate to the goals in the plan. Joe needs to both update his goals and ask for new supports to be included to support this goal. This requires a reassessment of his entire plan and therefore the correct pathway is a plan review request. A delegate will make an original decision on the reasonable and necessary supports in relation to the employment goal through a participant requested or scheduled review.

Joe can insist on progressing his request through internal review but must be informed the internal review will only consider his situation and support needs at the time of the original decision. In this case, if the decision was sound based on the circumstances at the time, the original decision would be confirmed.

8.4 Example 4 – Out of Scope: Informal support change

Chris has requested additional supports for daily assistance as her mum has moved and is no longer able to assist her each day.

Is this in scope for IRT?

No. This is a change of circumstance. Chris can request a plan review to consider her new circumstances.

Chris can insist on progressing her request through internal review but must be informed the internal review will only consider her situation and disability support needs at the time of the original decision. In this case, if the decision was sound based on the circumstances at the time, the decision would be confirmed.

Note: If Chris had known her mum was going to move and advised the planner at the time the original plan was developed the planner is obliged to consider the known future change to circumstances in the plan, or set a review date closer to the date of the change to review Chris's needs when the change occurred. In this case, the matter would be in scope for internal review as the participant had reflected the future change as part of their circumstances at the time. If you are unsure if this applies, seek instruction from your Assistant Director.

8.5 Example 5 – Out of Scope: Original decision incomplete

Harry has a goal to live independently and had funding provided in his plan to explore housing solutions. Harry has provided the assessment and now wants funding in his plan.

Is this in scope for IRT?

No. The delegate has not completed an Reasonable and Necessary decision with respect to the housing and living options. Harry should be referred back to the planner for an agency initiated review to complete this request.

Harry can insist on progressing the request through internal review but must be informed the internal review will only consider whether the decision not to include funding without assessments based on his situation and support needs at the time of the original decision was correct. In this case, if the decision would likely be confirmed.

8.6   Example 6 – In Scope: Plan management preference declined

Doug requested to self-manage all of the supports in his plan. The original delegate has only allowed some of the supports to be self-managed.

Is this in scope for IRT? Yes. Doug advised of his preferences at the planning meeting and they were not reflected in the plan. The internal review officer will undertake a review of whether the self-management decision was correct for all aspects of Doug's plan.

8.7   Example 7 – In Scope: Original decision completed

Mary requested a powered wheelchair which was not included in her plan. The plan included funding for a manual wheelchair however; Mary does not think this will meet her needs. Mary has a goal to be more independent in the community.

Is this in scope for IRT? Yes. A decision has been completed and the support relates to the goals in the plan. Mary's functional capacity has not changed since the original decision.

8.8   Example 8 – In Scope: Re-consideration of original decision

Lula disagrees with the total value of funding in her plan. She advised her disability is recorded incorrectly. Lula asks to update the disability type and review the funding in the plan.

Is this in scope for IRT?

Yes. Lula's disability and functional capacity has not changed. The review should consider if the information available regarding her disability and functional capacity was considered in her plan

Note: While this may appear to be a significantly new decision. The original decision maker has not considered the correct information when developing the plan.

Note: If Lula had a recent / new diagnosis of an additional disability this would be a change of circumstances and should be addressed through a plan review.

This document is uncontrolled when printed.

Guidance

Note: If you require assistance with updating the disability type and associated tasks please seek help from your Team Leader or Assistant Director.

9. Out of Scope Conversation Prompts

9.1 General Prompts

- Internal Review Officers look at your situation and disability support needs at the time the original plan decision was made.
- The internal reviewer stands in the shoes of the original decision maker and checks if we made the right decision the first time.
- If your situation or disability support needs have changed an internal review of the original decision may not provide the outcome you are seeking.
- You can ask for a plan review at any time. A plan review will look at your current situation and disability support needs.

9.2 Participant Requested Plan Review Prompts

- A participant requested plan review is the correct pathway for review when your circumstances have changed.
- I can submit a plan review request for you.
- A participant requested plan review (PRR) is not the same as a review of a decision. A plan review will look at your current situation and support needs. A review of a decision looks at whether the decision made was right under the law for the NDIS.
- If we lodge a plan review request for you, the NDIA will make a decision on the request within 14 days and will let you know the outcome in writing.
- The decision made will be whether a plan review should occur not a decision on the supports requested.
- If the plan review request is approved, a planner will contact you to undertake the plan review. You can discuss all of your requested supports at the same time.

9.3 Agency Initiated Plan Review Prompts

- An agency initiated plan review is still a plan review but does not require you to ask for it.

Guidance

- An agency initiated plan review is the correct pathway for review when the agency has asked for assessments or quotes, or to fix errors identified in the plan.

- Once you get your new plan if you are still unhappy you can ask for an internal review again.

Note: The participant's consent is required to withdraw the internal review request. This means no decision will be made on the internal review request. If a PRR is lodged or an agency initiated review occurs they can then ask for an internal review if they disagree with the new plan.

After explaining the above if the participant wishes to progress with an internal review of a decision.

Confirm the in scope supports and explain it is these supports we will make a decision on and provide them with a written response.

We have discussed which requested support/s we can do an internal review on, can you confirm you understand that I will only be considering the following: <list supports>.

If there are no in scope supports explain it may result in the same decision and no changes will be made to the plan. This is called a confirmed decision. Refer to additional prompts below depending on the request.

Following a decision the participant has the option to have this decision reviewed externally by the Administrative Appeals Tribunal (AAT) if lodged within 28 days, and provide information to the participant or authorised representative about how to lodge.

9.4 Changes to circumstances or disability support needs occurring after an approved plan

Additional prompts where a participant's disability support needs, informal supports, living arrangements, employment or compensation factors have changed and these were not included in the original planning decision.

- I can see you are asking for <support/s> because your <situation or support needs> have changed. If we progress the internal review it is unlikely to provide the outcome you are seeking as I can only consider your <situation/support needs> at the time of the original decision.

- A participant requested plan review is the correct pathway for review when a participants circumstances have changed.

This document is uncontrolled when printed.

OFFICIAL

- Would you like me to withdraw your internal review request and make a plan review request instead?

9.5   Changes to supports due to change in goals

Additional prompts when the participant is requesting a new support due to a change of goals, such as additional funding to seek employment.

- I can see you are asking for <support requested> as you now want to change your goal/s to include <goal change>. If we progress the internal review it is unlikely to provide the outcome you are seeking as I can only consider support to help you achieve the goals you had at the time of the original decision.

- A participant requested plan review is the correct pathway for review when you want to change your goals and different supports are needed to help you pursue that goal.

- Would you like me to withdraw your internal review request and make a plan review request instead?

9.6   Participant providing assessments and quotes requested by the original planner

Additional prompts when assessments or quotes have been requested by original decision maker. This will be evident in the plan comments printed on the plan. For example, funding provided for therapy assessment or AT assessment.

- I can see you are asking for <support requested> as you were provided funding to get those assessments at your planning meeting.

- The planner's intent was to reassess your supports needs once the assessments became available.

- If we progress the internal review it is unlikely to provide the outcome you are hoping for as it needs to be considered by a planner delegate first. If you are still unhappy with that decision you can seek an internal review of that decision within 3 months.

- Are you happy for me to withdraw your internal review request and send these to the original planner to conduct a plan review?

10. Feedback

ndis

Guidance

For Internal Use Only

If you have any feedback about this Standard Operating Procedure, please complete our 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.

11. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	DII394	Class 1 approval.	APPROVED	2021-02-03
2.0	CAP525	Class 1 approval.	APPROVED DLL320 SW0065	2021-07-23
3.0	KMM575	Removed out of scope change of preference example. Move to new template. Class 1 approval.	APPROVED	2021-11-23

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles of s100 Planning Review

This guidance is to support an understanding of what is considered for an internal review of a decision for Internal Review Officers (IROs) and Business Support Officers (BSOs).

The NDIA has more than one way to change a plan. Sometimes it is hard to understand which pathway is the right one to address a participant's request for a review/reassessment or variation. This document can be used in conjunction with the Choose the Right Request Tool.

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

1.   Recent updates

Date	What's changed
August 2022	**Amended Content:** Terminology change from participant requested plan review to plan reassessment. Updated heading of what is considered as part of the internal review. Added in section for variation requests and quotes for functional capacity assessment, AT and HM wording. Updated to link to the Choose the Right request Tool. Included link to the internal review Our Guidelines of what is to be considered for an internal reviews. **Added Content:** Additional guidance for planning internal reviews. Section of frequently asked questions for internal reviews. **Removed Content:** What will not be considered section. Additional evidence or information section. Withdrawing internal review requests.

This document is uncontrolled when printed.

OFFICIAL

Guidance

For Internal Use Only

Date	What's changed
	Out of scope conversation prompts.
	Case examples of an internal review request for planning.

2. Index

3. What can be reviewed as part of the statement of supports

The statement of supports includes:

- What NDIS-funded supports are included in a participant's plan.
- How those supports are described.
- How long the plan goes for.
- How the funding in the plan is managed.

Guidance

For Internal Use Only

4. What will be considered as part of an internal review

When reviewing a decision about a participant's plan, Our Guidelines state we will make our decision based on the facts and circumstances at the time of our internal review decision.

The internal review will consider:

- any evidence from the original decision
- reasons for the original decision
- additional information that has been provided for the internal review
- the facts and circumstances of the participant at the time of making the internal review decision (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)
- the NDIS Act, Our Guidelines and internal guidance material

The internal review team will seek to review the request based on the support/s in dispute, and confine the scope of the review to those disputes(s) the participant wishes to raise or is dissatisfied with as part of their internal review request as well as any dependencies or related supports.

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore there does not have to be an explicit request for a support made, plan management type or length of plan during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically identify the supports they wish to be included in their plan. It is the planner's and internal review officer's responsibility to gather and review all information before making a decision about what funded supports are included in the participant's plan. In some situations, a participant may prefer to have a plan reassessment or plan variation undertaken first before proceeding with their internal review. In these cases, the Internal Review Officer should seek to understand the circumstances and ensure all options are well understood before enabling the participant's preferred pathway.

Similarly if new quotes, reports or assessments requested by the original delegate are submitted as part of the internal review process these can be considered if that is the

This document is uncontrolled when printed.

Guidance

preferred pathway for the participant. This could include functional capacity assessment, assistive technology or home modifications quote or reports that has been provided between the original decision and the internal review request. It is important the participant understands the impact of their decision to their review rights.

5.   Additional Guidance for s100 planning review

The following information applies to s100 regarding a participant statement of support and only apples only if there are supports in dispute.

5.1   Update to Participant statement of goals and aspirations (section 47)

The statement of goals and aspirations is not a reviewable decision. Where a participant wants to add or change a goal but no changes are required to the supports funded, they do not need to have a plan reassessment. Changes to the participant statement can be made at any time and can be sent to enquiries@ndis.gov.au. If the requested change also requires a reassessment of their support needs, then a plan reassessment (section 48) is the correct pathway.

5.2   Update the Severity Indicator and WHODAS

Updates to the Severity Indicator and WHODAS may be an in scope task for an IRO and is dependent on the decision outcome.

Confirmed Decision

The IRO cannot complete an update to the severity indicator or the WHODAS as a review application will not be generated. The IRO can provide information regarding future SI/WHODAS updates within the plan implementation interaction.

Vary/Set-aside Decision

As part of the pre-planning tasks the IRO should confirm the relevant tool has been applied correctly using the participant's primary disability. Updates to the SI/WHODAS may be required. See the Standard Operating Procedure – Complete the Update Severity Tools task.

5.3   Update Participant Streaming

If the IRO identifies streaming factors from information provided during the internal review then the IRO should review and update the participants streaming. Refer to the Update participant streaming Standard Operating Procedure.

5.4   Updating listed Primary Disability

This document is uncontrolled when printed.

Guidance

If the IRO identifies evidence or information provided during the internal review or the participant has advised their disability is recorded incorrectly. Then the IRO should review and change the listed disability information on the record.

Where the funding included within the Participant's Statement of Supports is being disputed the supports being requested are reviewable under s100 of the NDIS Act (2013). The review should consider the information available regarding the disability the participant has met access to the NDIS for and resulting impairments. Any other additional impairments can also be considered and a decision made under s34 of the NDIS Act (2013). A request to change or update the list of disabilities with supports in dispute can be part of the internal review.

Note: If you require assistance determining if a participant secondary impairment/s would meet the access requirements please speak to your Line Manager and/or seek ECS/TAB advice where required.

For more information on updating or changing disability types refer to the Add or Change Disability Standard Operating Procedure.

5.5   Referral for Complex Support Needs (CSN)

If the IRO identifies CSN referral criteria is met from information during the internal review, the internal review officer should note this when creating the plan implementation interaction.

5.6   Refer Participant for Eligibility Reassessment (ER)

If the IRO identifies the participant may not meet the access requirements for the NDIS, the IRO can provide a brief summary of this information within the plan implementation interaction.

5.7   Referral of Participant that may have received a Compensation amount

No plan with compensation identified should be rolled over, reviewed, or approved without first contacting the Compensation Recoveries Branch for advice.

The Compensation Recoveries (CR) team is in the process of removing old CRM alerts that provide instruction to proceed with plan development without regard to compensation.

All s100 internal review requests relating to Compensation will be allocated to and completed by the IRT Escalations Team.

5.8   Appointing a Plan Nominee

Tasks for recording and/or appointing a nominee are out of scope tasks for an IRO. If the IRO identifies the participant has requested or may benefit from the appointment of a

Guidance

nominee, the IRO can provide a brief summary of this information within the plan implementation interaction.

If the IRO identifies consent has lapsed during the internal review, then the IRO should obtain necessary consent for the purposes of conducting the internal review. Any further follow up of the plan nominee requirements for review is to be added as part of the plan implementation interaction.

5.9   Collecting and updating bank details

Participants are encouraged to update this information via the My Place Portal.

If this option is not suitable for the participant, the IRO can update the details as per the participant request. Refer to the Collect and update bank account details Standard Operating Procedure.

5.10 Make a request for service for Support Coordination and/or Recovery Coach as part of the s100

Any requests for service for Support Coordination and/or Recovery Coach can be included as outstanding tasks in the plan implementation interaction. Information for the interaction should include:

- Purpose of referral (Support Coordination or Recovery Coach)

- Participant context

- Referrals for assessments required for example, Functional Capacity Assessment, Exploring Housing Options

- Other additional comments such as, expected outcomes for SC funding and how to best support the participant

5.11 Participant Critical Incident (PCI) as part of the s100

If a PCI occurs during the s100 or the IRO has information that meets the criteria for completing a PCI, this should be completed as soon as IRO has this information. It is our duty of care to report any allegations about incidents which may cause harm to a participant.

All staff must ensure the participant and others are safe when first notified of a potential PCI.

If the participant or another person is in immediate danger or requires urgent assistance, please call Triple Zero (000) immediately.

You will need to:

This document is uncontrolled when printed.

Guidance

For Internal Use Only

- fill in the PCI notification form (DOCX 74KB)
- email the form to ~~s47E(d) - certain operations of agencies~~ @ndis.gov.au within 24 hours
- Include detailed and factual information, without drawing conclusions.

Please do not record details on the participant's CRM record.

Once the PCI team receive the completed form, they will investigate incidents quickly, appropriately and in line with legislative requirements.

The Agency acknowledges these issues can be triggering. Please seek support when you need to.

You can find out more about supports for Agency staff and leaders on our Well+ Hub.

Find out more on the Participant critical incidents intranet page.

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our 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
1.0	DII394	Class1 approval	APPROVED	2021-02-03
2.0	CAP525	Class 1 approval	APPROVED DLL320 SWO065	2021-07-23
3.0	KMM575	Removed out of scope change of preference example. Move to new template. Class 1 approval.	APPROVED	2021-11-23
4.0	LW0022	Review of flow of document. Feedback provided from SW0065.	APPROVED	2022-08-17

Guidance

For Internal Use Only

Version	Amended by	Brief Description of Change	Status	Date
		Deleted section about additional information. Updated information about what is part of internal review and added in OG link. Updated conversation to contact and communication. Updated based on feedback SW0065. Inclusion of appendix information – guidance information for progression of s100 planning decision tasks. Additional guidance information added. Removed withdrawn section and conversation prompts. Minor updates to index and example wording based on feedback provided SW0065.		

This document is uncontrolled when printed.

OFFICIAL

Guidance

For Internal Use Only

The contents of this document are OFFICIAL.

Principles of s100 Planning Review

This guidance is to support an understanding of what is considered for an internal review of a decision for Internal Review Officers (IROs) and Business Support Officers (BSOs).

The NDIA has more than one way to change a plan. Sometimes it is hard to understand which pathway is the right one to address a participant's request for a review/reassessment or variation. This document can be used in conjunction with the Choose the Right Request Tool.

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

1. Recent updates

Date	What's changed
September 2022	**Amended Content:** Additional information for updating participant statement of goals and aspirations added to section 5.1 and link to relevant SOP added. Minor update to 5.2 wording.

2. Index

This document is uncontrolled when printed.

OFFICIAL

Guidance

For Internal Use Only

3. What can be reviewed as part of the statement of supports

The statement of supports includes:

- What NDIS-funded supports are included in a participant's plan.
- How those supports are described.
- How long the plan goes for.
- How the funding in the plan is managed.

4. What will be considered as part of an internal review

When reviewing a decision about a participant's plan, Our Guidelines state we will make our decision based on the facts and circumstances at the time of our internal review decision.

The internal review will consider:

- any evidence from the original decision
- reasons for the original decision
- additional information that has been provided for the internal review
- the facts and circumstances of the participant at the time of making the internal review decision (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)
- the NDIS Act, Our Guidelines and internal guidance material

The internal review team will seek to review the request based on the support/s in dispute, and confine the scope of the review to those disputes(s) the participant wishes to raise or is

Guidance

dissatisfied with as part of their internal review request as well as any dependencies or related supports.

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore there does not have to be an explicit request for a support made, plan management type or length of plan during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically identify the supports they wish to be included in their plan. It is the planner's and internal review officer's responsibility to gather and review all information before making a decision about what funded supports are included in the participant's plan. In some situations, a participant may prefer to have a plan reassessment or plan variation undertaken first before proceeding with their internal review. In these cases, the Internal Review Officer should seek to understand the circumstances and ensure all options are well understood before enabling the participant's preferred pathway.

Similarly if new quotes, reports or assessments requested by the original delegate are submitted as part of the internal review process these can be considered if that is the preferred pathway for the participant. This could include functional capacity assessment, assistive technology or home modifications quote or reports that has been provided between the original decision and the internal review request. It is important the participant understands the impact of their decision to their review rights.

5. Additional Guidance for s100 planning review

The following information applies to s100 regarding a participant statement of support and only apples only if there are supports in dispute.

5.1 Update to Participant statement of goals and aspirations (section 47)

The statement of goals and aspirations is not a reviewable decision. Where a participant wants to add or change a goal but no changes are required to the supports funded, they do not need to have a plan reassessment. Changes to the participant statement can be made at any time and can be sent to enquiries@ndis.gov.au. If the requested change also requires a reassessment of their support needs, then a plan reassessment (section 48) is the correct pathway.

Guidance

When an update to the Participant statement of goals and aspirations is requested or provided information as part of the s100 process, the IRO can update this for the Participant in CRM. Refer to Administrative Change Task Standard Operating Procedure.

5.2 Update the Severity Indicator and WHODAS

Updates to the Severity Indicator and WHODAS may be an in scope task for an IRO and is dependent on the decision outcome.

Confirmed Decision

The IRO cannot complete an update to the severity indicator or the WHODAS as a review application will not be generated. The IRO can provide information regarding future SI/WHODAS updates within the plan implementation interaction.

Vary/Set-aside Decision

As part of the pre-planning tasks the IRO should confirm the relevant tool has been applied correctly using the participant's primary disability. Updates to the SI/WHODAS may be required. Refer to Complete the Update Severity Tools task Standard Operating Procedure .

5.3 Update Participant Streaming

If the IRO identifies streaming factors from information provided during the internal review then the IRO should review and update the participants streaming. Refer to the Update participant streaming Standard Operating Procedure.

5.4 Updating listed Primary Disability

If the IRO identifies evidence or information provided during the internal review or the participant has advised their disability is recorded incorrectly. Then the IRO should review and change the listed disability information on the record.

Where the funding included within the Participant's Statement of Supports is being disputed the supports being requested are reviewable under s100 of the NDIS Act (2013). The review should consider the information available regarding the disability the participant has met access to the NDIS for and resulting impairments. Any other additional impairments can also be considered and a decision made under s34 of the NDIS Act (2013). A request to change or update the list of disabilities with supports in dispute can be part of the internal review.

Note: If you require assistance determining if a participant secondary impairment/s would meet the access requirements please speak to your Line Manager and/or seek ECS/TAB advice where required.

Guidance

For more information on updating or changing disability types refer to the Add or Change Disability Standard Operating Procedure.

5.5   Referral for Complex Support Needs (CSN)

If you determine the participant's circumstances meet the requirement for referral to the CSN pathway you need to complete a CSN Referral Form which will assist the CSN Operations Triage Team to quickly determine suitability. Refer to the Referral for Complex Support Needs Pathway Standard Operating Procedure.

5.6   Refer Participant for Eligibility Reassessment (ER)

If the IRO identifies the participant may not meet the access requirements for the NDIS, the IRO can provide a brief summary of this information within the plan implementation interaction.

5.7   Referral of Participant that may have received a Compensation amount

No plan with compensation identified should be rolled over, reviewed, or approved without first contacting the Compensation Recoveries Branch for advice.

The Compensation Recoveries (CR) team is in the process of removing old CRM alerts that provide instruction to proceed with plan development without regard to compensation.

All s100 internal review requests relating to Compensation will be allocated to and completed by the IRT Escalations Team.

5.8   Appointing a Plan Nominee

Tasks for recording and/or appointing a nominee are out of scope tasks for an IRO. If the IRO identifies the participant has requested or may benefit from the appointment of a nominee, the IRO can provide a brief summary of this information within the plan implementation interaction.

If the IRO identifies consent has lapsed during the internal review, then the IRO should obtain necessary consent for the purposes of conducting the internal review. Any further follow up of the plan nominee requirements for review is to be added as part of the plan implementation interaction.

5.9   Collecting and updating bank details

Participants are encouraged to update this information via the My Place Portal.

This document is uncontrolled when printed.

Guidance

If this option is not suitable for the participant, the IRO can update the details as per the participant request. Refer to the Collect and update bank account details Standard Operating Procedure.

5.10 Make a request for service for Support Coordination and/or Recovery Coach as part of the s100

Any requests for service for Support Coordination and/or Recovery Coach can be included as outstanding tasks in the plan implementation interaction. Information for the interaction should include:

- Purpose of referral (Support Coordination or Recovery Coach)
- Participant context
- Referrals for assessments required for example, Functional Capacity Assessment, Exploring Housing Options
- Other additional comments such as, expected outcomes for SC funding and how to best support the participant

5.11 Participant Critical Incident (PCI) as part of the s100

If a PCI occurs during the s100 or the IRO has information that meets the criteria for completing a PCI, this should be completed as soon as IRO has this information. It is our duty of care to report any allegations about incidents which may cause harm to a participant.

All staff must ensure the participant and others are safe when first notified of a potential PCI.

If the participant or another person is in immediate danger or requires urgent assistance, please call Triple Zero (000) immediately.

You will need to:

- fill in the PCI notification form (DOCX 74KB)
- email the form to s47E(d) - certain operations of agencies @ndis.gov.au within 24 hours
- Include detailed and factual information, without drawing conclusions.

Please do not record details on the participant's CRM record.

Once the PCI team receive the completed form, they will investigate incidents quickly, appropriately and in line with legislative requirements.

The Agency acknowledges these issues can be triggering. Please seek support when you need to.

OFFICIAL

Guidance

For Internal Use Only

You can find out more about supports for Agency staff and leaders on our Well+ Hub.

Find out more on the Participant critical incidents intranet page.

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our 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
1.0	DII394	Class1 approval	APPROVED	2021-02-03
2.0	CAP525	Class 1 approval	APPROVED DLL320 SWO065	2021-07-23
3.0	KMM575	Removed out of scope change of preference example. Move to new template. Class 1 approval.	APPROVED	2021-11-23
4.0	LW0022	Review of flow of document. Feedback provided from SW0065. Deleted section about additional information. Updated information about what is part of internal review and added in OG link. Updated conversation to contact and communication. Updated based on feedback SW0065. Inclusion of appendix information – guidance information for progression of s100 planning decision tasks. Additional	APPROVED BC0038	2022-08-17

OFFICIAL

Guidance

For Internal Use Only

Version	Amended by	Brief Description of Change	Status	Date
		guidance information added. Removed withdrawn section and conversation prompts. Minor updates to index and example wording based on feedback provided SW0065.		
5.0	LW0022	Updated content in section 5.1 Minor update to wording in 5.2 for consistency.	APPROVED RMO411	2022-09-06

Guidance

For Internal Use Only

Principles of s100 Planning Review

This guidance is to support an understanding of what is considered for an internal review of a decision for Internal Review Officers (IROs) and Business Support Officers (BSOs).

The NDIA has more than one way to change a plan. Sometimes it is hard to understand which pathway is the right one to address a participant's request for a review/reassessment or variation. This document can be used in conjunction with the Choose the Right Request Tool.

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	**Added Content:** 'Principles for s100 decision making' table added as an Appendix. Table is from the document titles Principles for s100 Decision Making.

2. Index

- 5.8 Appointing a Plan Nominee
- 5.9 Collecting and updating bank details
- 5.10 Make a request for service Support Coordination and Recovery Coach as part of the s100
- 5.11 Participant Critical Incident (PCI) as part of the s100
- 8.1 Appendix A - Principles for s100 Decision Making

3. What can be reviewed as part of the statement of supports

The statement of supports includes:

- What NDIS funded supports are included in a participant's plan.
- How those supports are described.
- How long the plan goes for.
- How the funding in the plan is managed.

4. What will be considered as part of an internal review

When reviewing a decision about a participant's plan, Our Guidelines state we will make our decision based on the facts and circumstances at the time of our internal review decision.

The internal review will consider:

- Any evidence from the original decision
- Reasons for the original decision
- Additional information that has been provided for the internal review
- The facts and circumstances of the participant at the time of making the internal review decision (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)
- The NDIS Act, Our Guidelines and internal guidance material

Guidance

The internal review team will seek to review the request based on the support/s in dispute, and to those disputes(s) the participant wishes to raise or is dissatisfied with as part of their internal review request as well as any dependencies or related supports.

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore there does not have to be an explicit request for a support made, plan management type or length of plan during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically identify the supports they wish to be included in their plan. It is the planner's and internal review officer's responsibility to gather and review all information before making a decision about what funded supports are included in the participant's plan. In some situations, a participant may prefer to have a plan reassessment or plan variation undertaken first before proceeding with their internal review. In these cases, the Internal Review Officer should seek to understand the circumstances and ensure all options are well understood before enabling the participant's preferred pathway.

Similarly if new quotes, reports or assessments requested by the original delegate are submitted as part of the internal review process these can be considered if that is the preferred pathway for the participant. This could include functional capacity assessment, assistive technology or home modifications quote or reports that has been provided between the original decision and the internal review request. It is important the participant understands the impact of their decision to their review rights.

5.   Additional Guidance for s100 planning review

The following information applies to s100 regarding a participant statement of support and only apples only if there are supports in dispute.

5.1   Update to Participant statement of goals and aspirations (section 47)

The statement of goals and aspirations is not a reviewable decision. Where a participant wants to add or change a goal but no changes are required to the supports funded, they do not need to have a plan reassessment. Changes to the participant statement can be made at any time and can be sent to enquiries@ndis.gov.au. If the requested change also requires a reassessment of their support needs, then a plan reassessment (section 48) is the correct pathway.

This document is uncontrolled when printed.

Guidance

When an update to the Participant statement of goals and aspirations is requested or provided information as part of the s100 process, the IRO can update this for the Participant in CRM. Refer to Administrative Change Task Standard Operating Procedure.

5.2 Update the Severity Indicator and WHODAS

Updates to the Severity Indicator and WHODAS may require updating by the IRO and is dependent on the decision outcome.

Confirmed Decision

The IRO cannot complete an update to the severity indicator or the WHODAS as a review application will not be generated. The IRO can provide information regarding future SI/WHODAS updates within the plan implementation interaction.

Vary/Set-aside Decision

As part of the pre-planning tasks the IRO should confirm the relevant tool has been applied correctly using the participant's primary disability. Updates to the SI/WHODAS may be required. Refer to Complete the Update Severity Tools task Standard Operating Procedure.

5.3 Update Participant Streaming

If the IRO identifies streaming factors from information provided during the internal review then the IRO should review and update the participants streaming. Refer to the Update participant streaming Standard Operating Procedure.

5.4 Updating listed Primary Disability

If the IRO identifies evidence or information provided during the internal review or the participant has advised their disability is recorded incorrectly. Then the IRO should review and change the listed disability information on the record.

Where the funding included within the Participant's Statement of Supports is being disputed the supports being requested are reviewable under s100 of the NDIS Act (2013). The review should consider the information available regarding the disability the participant has met access to the NDIS for and resulting impairments. Any other additional impairments can also be considered and a decision made under s34 of the NDIS Act (2013). A request to change or update the list of disabilities with supports in dispute can be part of the internal review.

Note: If you require assistance determining if a participant secondary impairment/s would meet the access requirements please speak to your Line Manager and/or seek ECS/TAB advice where required.

This document is uncontrolled when printed.

Guidance

For more information on updating or changing disability types refer to the Add or Change Disability Standard Operating Procedure.

5.5   Referral for Complex Support Needs (CSN)

If you determine the participant's circumstances meet the requirement for referral to the CSN pathway you need to complete a CSN Referral Form which will assist the CSN Operations Triage Team to quickly determine suitability. Refer to the Referral for Complex Support Needs Pathway Standard Operating Procedure.

5.6   Refer Participant for Eligibility Reassessment (ER)

If the IRO identifies the participant may not meet the access requirements for the NDIS, the IRO can provide a brief summary of this information within the plan implementation interaction.

5.7   Referral of Participant that may have received a Compensation amount

No plan with compensation identified should be rolled over, reviewed, or approved without first contacting the Compensation Recoveries Branch for advice.

The Compensation Recoveries (CR) team is in the process of removing old CRM alerts that provide instruction to proceed with plan development without regard to compensation.

All s100 internal review requests relating to Compensation will be allocated to and completed by the IRT Escalations Team.

5.8   Appointing a Plan Nominee

If the IRO identifies the participant has requested or may benefit from the appointment of a nominee, the IRO can provide a brief summary of this information within the plan implementation interaction.

If the IRO identifies consent has lapsed during the internal review, then the IRO should obtain necessary consent for the purposes of conducting the internal review. Any further follow up of the plan nominee requirements for review is to be added as part of the plan implementation interaction.

5.9   Collecting and updating bank details

Participants are encouraged to update this information via the My Place Portal.

V6.0 2022-12-02   Principles of s100 Planning Review   Page 5 of 17
This document is uncontrolled when printed.
OFFICIAL
Page 803 of 875

Guidance

If this option is not suitable for the participant, the IRO can update the details as per the participant request. Refer to the Collect and update bank account details Standard Operating Procedure.

5.10 Make a request for service for Support Coordination and/or Recovery Coach as part of the s100

Any requests for service for Support Coordination and/or Recovery Coach can be included as outstanding tasks in the plan implementation interaction. Information for the interaction should include:

- Purpose of referral (Support Coordination or Recovery Coach)
- Participant context
- Referrals for assessments required for example, Functional Capacity Assessment, Exploring Housing Options
- Other additional comments such as, expected outcomes for SC funding and how to best support the participant

5.11 Participant Critical Incident (PCI) as part of the s100

If a PCI occurs during the s100 or the IRO has information that meets the criteria for completing a PCI, this should be completed as soon as IRO has this information. It is our duty of care to report any allegations about incidents which may cause harm to a participant.

All staff must ensure the participant and others are safe when first notified of a potential PCI.

If the participant or another person is in immediate danger or requires urgent assistance, please call Triple Zero (000) immediately.

You will need to:

- Fill in the PCI notification form (DOCX 74KB)
- Email the form to s47E(d) - certain operations of agencies @ndis.gov.au within 24 hours
- Include detailed and factual information, without drawing conclusions.

Please do not record details on the participant's CRM record.

Once the PCI team receive the completed form, they will investigate incidents quickly, appropriately and in line with legislative requirements.

The Agency acknowledges these issues can be triggering. Please seek support when you need to.

V6.0 2022-12-02   Principles of s100 Planning Review   Page 6 of 17
This document is uncontrolled when printed.
OFFICIAL
Page 804 of 875

Guidance

For Internal Use Only

You can find out more about supports for Agency staff and leaders on our Well+ Hub.

Find out more on the Participant critical incidents intranet page.

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our 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
1.0	DII394	Class1 approval	APPROVED	2021-02-03
2.0	CAP525	Class 1 approval	APPROVED DLL320 SWO065	2021-07-23
3.0	KMM575	Removed out of scope change of preference example. Move to new template. Class 1 approval.	APPROVED	2021-11-23
4.0	LW0022	Review of flow of document. Feedback provided from SW0065. Deleted section about additional information. Updated information about what is part of internal review and added in OG link. Updated conversation to contact and communication. Updated based on feedback SW0065. Inclusion of appendix information - guidance information for progression of s100 planning decision tasks. Additional	APPROVED BC0038	2022-08-17

Guidance

Version	Amended by	Brief Description of Change	Status	Date
		guidance information added. Removed withdrawn section and conversation prompts. Minor updates to index and example wording based on feedback provided SW0065.		
5.0	LW0022	Updated content in section 5.1 Minor update to wording in 5.2 for consistency.	APPROVED RMO411	2022-09-06
6.0	KMM575	Principles for s100 Decision Making table added	APPROVED	2022-12-02

8.   Appendices

8.1   Appendix A – Principles for s100 Decision Making

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
Does the requested support provide the same benefit as another support already funded in the current plan? • Have you provided education on plan flexibility? (Early resolution, duplicated supports). • Have you considered plan utilisation - current and historical? • Have you considered the support within and across the budget categories? That is, the interface between core and capacity building budgets and/or ATHM (previously funded or requested).	Yes	Rule 5.1(c) S34(c) and (d)

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
• Is there alternate funding such as Local Area Coordination/ECEI? (This is alternate funding as per Rule 5.1(c). Our Guideline - Reasonable and Necessary Supports. Each support that is funded in a plan must be a reasonable and necessary support, however we also consider how supports will work together as a package to address disability support needs, or to achieve an outcome. The supports the NDIA fund must be reasonable and necessary individually, but they must also be reasonable and necessary as a package of supports. Would we fund it? information		
Does the requested support relate to the participant's disability/eligible functional impairments? Our Guideline - Reasonable and Necessary Supports. Sometimes, the participant might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, the IRO needs to make sure the support will help address needs that arise from an impairment that meets the same eligibility criteria we consider at Access to the NDIS - Operational Guideline. Our Guideline - Disability Health Supports practice guidance if the support is not directly related to the participant's ongoing functional impairment.	No	Rule 5.1 (b)
Is the requested support most appropriately funded by the NDIS?	No	s34 (f)

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
• Health • Mental Health and Psychosocial Disability • Child Protection and Family Support • Early Childhood Development • School Education • Higher Education, Vocational Education and Training • Employment • Housing and Community Infrastructure • Transport • Justice • Aged Care Our Guideline mainstream and community support interfaces. COAG and would we fund it? information Mainstream supports are other government services such as employment, education, health and family support services. They are available to everyone including people without disability.		
Is the requested support linked to a goal? Our Guideline - Reasonable and Necessary Supports The supports the NDIA fund need to help the participant increase their independence and pursue their goals. This means the supports should help overcome any disability-specific barriers which may be stopping the participant in pursuing their goals. This doesn't mean the NDIA will fund all support costs associated with pursuing participant goals.	No	s34 (a) s34 (c) and (d)

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
- Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports. - Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal. - Seeking to include a new goal cannot be considered as part of an s100 review (this is s47) that is, a participant can change their goals at any time but cannot have new supports to meet those new goals. s47 (2) If a participant gives a changed version of the participant's statement of goals and aspirations to the CEO, the plan is taken to be replaced by a new plan comprising. a) The changed version of the participant's statement of goals and aspirations; and b) The statement of participant supports in the existing plan.		
Does the requested support replace other supports available to the participant? Has the participant explored family, friends or the community to provide the extra help needed to pursue the goal? Our Guideline - Reasonable and Necessary Supports The extent of risks and suitability of family, friends and others to provide support as per Rule 3.4. Community services offer a wide range of supports that may help with your disability support needs.	Yes	s34 (e)

ndis

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills. For children under 18, the IRO will consider: if their needs are 'substantially greater' because of their disability, compared to other children the same age.		
Is the request an increase to the core daily activity budget where the outcome can be met within the overall plan budget? • Is the request more than standard or typical support required for the context (age, disability) of the participant? • Have you understood what the participant's routine looks like across the day/week (does the evidence specify length of time and what tasks are required to be completed with partial or complete assistance) • Have you understood how the participant is currently utilising their budget? Operational Guideline - Specific Types of Supports in Plans Operational Guideline - Personal care supports	Yes	s34 (c) and (d)
Is the request an increase to the core social, community and civic participation budget where the outcome can be met within the overall plan budget?	Yes	s34 (c) and (d)

V6.0 2022-12-02   Principles of s100 Planning Review   Page 12 of 17
This document is uncontrolled when printed.
OFFICIAL
Page 810 of 875

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
• Is the request more than standard or typical support required for the context (age, disability) of the participant? • Consider if the support will complement (not replace) other supports available and that will maximise the participant's inclusion and independence and to help you fulfil an ordinary life. Our Guideline - Social and Recreation Support The participant may need short term support to help them get started with a social and/or recreation activity. This short-term support may build their skills so the participant can participate independently. Or it could connect them with someone else who can regularly assist or help them to participate.		
Is the request for an increase to the capacity building budget for therapy supports, where progress toward the goals/outcome was evident and can continue to be met within the overall plan budget? • If the request is for more than one type of allied health practitioner consider which is the most appropriate to deliver the support in order to make progress toward a goal/outcome (for example, not duplicating the support). • If request is for alternate therapy (art, music) or intensive therapy (such as, Applied Behaviour Analysis - ABA)	Yes	s34 (c) and (d)

This document is uncontrolled when printed.

Guidance

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
consider if there is evidence for specific likely outcomes that will meet the criteria of effective and beneficial as per Rule 3.2 and Our Guideline Reasonable and Necessary support? • Does the participant or their other supports (informal, mainstream, funded - core) have the capacity to implement the allied health strategies or programs? • Does the evidence provide the expected level of detail to support a decision? See Plan reassessment reports for information. Our Guideline - Reasonable and Necessary Supports The primary source of evidence the IRO will rely on, and give the greatest weight to, is evidence from sources that are reliable and widely recognised. This includes published and refereed literature, and any consensus of expert opinions. How do we weigh evidence of disability? Evidence - based best practice Practice Guide - Understanding Therapy Supports This means that the therapist can train family or staff to provide support to the participant to implement strategies on a more regular basis.		
Is the request for the cost of activities that everyone would be expected to pay? Or the support is typically something a parent would do for their child?	Yes	Rule 5.1 (b) and (d)

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
Our Guideline - Social and Recreation Support The participant will need to pay for the costs of the activity that everyone would pay for such as membership or entrance costs. The NDIA may then be able to fund the support the participant needs to take part in the activity because of their disability.		
Is the requested support related to an acute health condition (short term illness/injury) and/or rehabilitation requiring clinical care? Mental Health and the NDIS - The NDIS is designed to work alongside existing government service systems, including health, education, housing and mental health specific treatment services. People with mental health and psychosocial disability issues often require support from a range of sources such as community, family, friends, local or private mental health services and other mainstream systems. The NDIS works closely and in partnership with these other support systems and does not replace them. Our Guideline - mainstream and community supports for where it is a time limited intervention to improve functioning following an acute event, medical treatment or accident (for example. to improve functioning immediately following a stroke or acquired brain injury).	Yes	s34 (f)
Is the request for coordination of supports for a participant streamed general or supported? • Is the participant linked to service providers (mainstream, community and funded)	Yes	Rule 5.1 (c)

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
• Consider referring the participant to the Booklets 1-3 for developing and using your plan. Role of the Local Area Coordinator - The Local Area Coordinator role is to help you to understand the NDIS, and link you with service provides, and mainstream or community supports, that will assist you to work toward your goals. * Unless risk factors exist view Standard Operating Procedure - Support Coordination and seek TL/AD advice.		
Is the request to change the plan duration where there are no major life transitions expected prior to plan end date? Consider if there are any risks identified in the risk assessment? Consider the factors relating to length of the plan. Our Guidelines - How long will your plan go for? The decision determining plan duration reasonably considered the participant's individual circumstances, support needs and choice. The term 'Plan Duration' refers to the period before which a scheduled reassessment will occur.	Yes	s34 (d)
Is the request to change plan management where there are unreasonable risks to self-manage? • Are there safeguards in place such as financial management capacity building supports?	Yes	s44

This document is uncontrolled when printed.

Guidance

For Internal Use Only

Principles for s100 decision making (Questions to guide your internal review).	Yes or No	Relevant part of Act or Rule
• Is there evidence to support that there is an unreasonable risk to self-management? • Consider if the participant, plan nominee or child representative is bankrupt or insolvent under administration and/or there are unreasonable risks to self-management. • Complete relevant risk assessment related to plan management type. Our Guidelines - Creating your plan		

This document is uncontrolled when printed.

Guidance

For Internal Use Only

The contents of this document are OFFICIAL.

Principles of s100 Planning Review

This guidance is to support an understanding of what is considered for an internal review of a decision for Internal Review Officers (IROs) and Business Support Officers (BSOs).

The NDIA has more than one way to change a plan. Sometimes it is hard to understand which pathway is the right one to address a participant's request for a review/reassessment or variation. This document can be used in conjunction with the Choose the Right Request Tool.

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	**Added Content:** Policy for Face to Face meeting requests.

2. Index

Guidance

For Internal Use Only

3. What can be reviewed as part of the statement of supports

The statement of supports includes:

- What NDIS funded supports are included in a participant's plan.

- How those supports are described.

- How long the plan goes for.

- How the funding in the plan is managed.

4. What will be considered as part of an internal review

When reviewing a decision about a participant's plan, Our Guidelines state we will make our decision based on the facts and circumstances at the time of our internal review decision.

The internal review will consider:

- Any evidence from the original decision

- Reasons for the original decision

- Additional information that has been provided for the internal review

- The facts and circumstances of the participant at the time of making the internal review decision (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)

- The NDIS Act, Our Guidelines and internal guidance material

The internal review team will seek to review the request based on the support/s in dispute, and to those disputes(s) the participant wishes to raise or is dissatisfied with as part of their internal review request as well as any dependencies or related supports.

Guidance

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore there does not have to be an explicit request for a support made, plan management type or length of plan during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically identify the supports they wish to be included in their plan. It is the planner's and internal review officer's responsibility to gather and review all information before making a decision about what funded supports are included in the participant's plan. In some situations, a participant may prefer to have a plan reassessment or plan variation undertaken first before proceeding with their internal review. In these cases, the Internal Review Officer should seek to understand the circumstances and ensure all options are well understood before enabling the participant's preferred pathway.

Similarly if new quotes, reports or assessments requested by the original delegate are submitted as part of the internal review process these can be considered if that is the preferred pathway for the participant. This could include functional capacity assessment, assistive technology or home modifications quote or reports that has been provided between the original decision and the internal review request. It is important the participant understands the impact of their decision to their review rights.

5. Additional Guidance for s100 planning review

The following information applies to s100 regarding a participant statement of support and only apples only if there are supports in dispute.

5.1 Update to Participant statement of goals and aspirations (section 47)

The statement of goals and aspirations is not a reviewable decision. Where a participant wants to add or change a goal but no changes are required to the supports funded, they do not need to have a plan reassessment. Changes to the participant statement can be made at any time and can be sent to enquiries@ndis.gov.au. If the requested change also requires a reassessment of their support needs, then a plan reassessment (section 48) is the correct pathway.

When an update to the Participant statement of goals and aspirations is requested or provided information as part of the s100 process, the IRO can update this for the Participant in CRM. Refer to Administrative Change Task Standard Operating Procedure.

5.2 Update the Severity Indicator and WHODAS

V7.0 2023-01-13   Principles of s100 Planning Review   Page 3 of 18
This document is uncontrolled when printed.
OFFICIAL
Page 818 of 875

Guidance

Updates to the Severity Indicator and WHODAS may require updating by the IRO and is dependent on the decision outcome.

Confirmed Decision

The IRO cannot complete an update to the severity indicator or the WHODAS as a review application will not be generated. The IRO can provide information regarding future SI/WHODAS updates within the plan implementation interaction.

Vary/Set-aside Decision

As part of the pre-planning tasks the IRO should confirm the relevant tool has been applied correctly using the participant's primary disability. Updates to the SI/WHODAS may be required. Refer to Complete the Update Severity Tools task Standard Operating Procedure.

5.3   Update Participant Streaming

If the IRO identifies streaming factors from information provided during the internal review then the IRO should review and update the participants streaming. Refer to the Update participant streaming Standard Operating Procedure.

5.4   Updating listed Primary Disability

If the IRO identifies evidence or information provided during the internal review or the participant has advised their disability is recorded incorrectly. Then the IRO should review and change the listed disability information on the record.

Where the funding included within the Participant's Statement of Supports is being disputed the supports being requested are reviewable under s100 of the NDIS Act (2013). The review should consider the information available regarding the disability the participant has met access to the NDIS for and resulting impairments. Any other additional impairments can also be considered and a decision made under s34 of the NDIS Act (2013). A request to change or update the list of disabilities with supports in dispute can be part of the internal review.

Note: If you require assistance determining if a participant secondary impairment/s would meet the access requirements please speak to your Line Manager and/or seek ECS/TAB advice where required.

For more information on updating or changing disability types refer to the Add or Change Disability Standard Operating Procedure.

5.5   Referral for Complex Support Needs (CSN)

If you determine the participant's circumstances meet the requirement for referral to the CSN pathway you need to complete a CSN Referral Form which will assist the CSN Operations

This document is uncontrolled when printed.

Guidance

Triage Team to quickly determine suitability. Refer to the Referral for Complex Support Needs Pathway Standard Operating Procedure.

5.6   Refer Participant for Eligibility Reassessment (ER)

If the IRO identifies the participant may not meet the access requirements for the NDIS, the IRO can provide a brief summary of this information within the plan implementation interaction.

5.7   Referral of Participant that may have received a Compensation amount

No plan with compensation identified should be rolled over, reviewed, or approved without first contacting the Compensation Recoveries Branch for advice.

The Compensation Recoveries (CR) team is in the process of removing old CRM alerts that provide instruction to proceed with plan development without regard to compensation.

All s100 internal review requests relating to Compensation will be allocated to and completed by the Internal Review Team (IRT) Escalations Team.

5.8   Appointing a Plan Nominee

If the IRO identifies the participant has requested or may benefit from the appointment of a nominee, the IRO can provide a brief summary of this information within the plan implementation interaction.

If the IRO identifies consent has lapsed during the internal review, then the IRO should obtain necessary consent for the purposes of conducting the internal review. Any further follow up of the plan nominee requirements for review is to be added as part of the plan implementation interaction.

5.9   Collecting and updating bank details

Participants are encouraged to update this information via the My Place Portal.

If this option is not suitable for the participant, the IRO can update the details as per the participant request. Refer to the Collect and update bank account details Standard Operating Procedure.

5.10 Make a request for service for Support Coordination and/or Recovery Coach as part of the s100

V7.0 2023-01-13   Principles of s100 Planning Review   Page 5 of 18
This document is uncontrolled when printed.
OFFICIAL
Page 820 of 875

Guidance

For Internal Use Only

Any requests for service for Support Coordination and/or Recovery Coach can be included as outstanding tasks in the plan implementation interaction. Information for the interaction should include:

- Purpose of referral (Support Coordination or Recovery Coach)
- Participant context
- Referrals for assessments required for example, Functional Capacity Assessment, Exploring Housing Options
- Other additional comments such as, expected outcomes for SC funding and how to best support the participant

5.11 Participant Critical Incident (PCI) as part of the s100

If a PCI occurs during the s100 or the IRO has information that meets the criteria for completing a PCI, this should be completed as soon as IRO has this information. It is our duty of care to report any allegations about incidents which may cause harm to a participant.

All staff must ensure the participant and others are safe when first notified of a potential PCI.

If the participant or another person is in immediate danger or requires urgent assistance, please call Triple Zero (000) immediately.

You will need to:

- Fill in the PCI notification form (DOCX 74KB)
- Email the form to [s47E(d) - certain operations of agencies] @ndis.gov.au within 24 hours
- Include detailed and factual information, without drawing conclusions.

Please do not record details on the participant's CRM record.

Once the PCI team receive the completed form, they will investigate incidents quickly, appropriately and in line with legislative requirements.

The Agency acknowledges these issues can be triggering. Please seek support when you need to.

You can find out more about supports for Agency staff and leaders on our Well+ Hub.

Find out more on the Participant critical incidents intranet page.

5.12 Internal Review face-to-face meeting requests