

Facilitator notes:

Say

Question 1: Give an example of how a person's capacity for social and economic participation might be affected?

Pause [*for answers*]

A:

- Barriers to joining sporting activities or accessing movie theatres
- Difficulties in finding and keeping a job
- Challenges with spending and saving money

Question 2: True or False? If an impairment varies in intensity (for example, because the impairment is of a chronic episodic nature) the person is unlikely to meet Section 24(1)(e).

Pause [*for answers*]

A: False. Even if a person's needs go up and down over time, or happen episodically, we may still consider it's likely they'll need lifetime support under the NDIS.

Click [to go to next slide]

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Streamlined requirements

Lists designed to streamline the access process:


List A – conditions which are likely to meet the disability requirements of s24

List B – permanent conditions for which functional capacity is variable

List D – permanent impairment/early intervention, under 7

Other streamlined processes:

Hearing 0-25



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Facilitator notes:

Say

To further support the decision-making process, the NDIA has developed lists of conditions which are designed to streamline assessing a person’s continued eligibility for the NDIS.

There is also a streamlined process for people aged 0-25 with hearing impairments.


We won’t go into detail about the streamlined hearing requirements now, but it is important to be aware of this approach.

You can find more information about these requirements in Our Guidelines – Applying to the NDIS, under the heading ‘How will early intervention help you?’

Click [to go to next slide]

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List A, B, and D



Lists designed to streamline the eligibility requirements:

- List A – conditions which are likely to meet the disability requirements of s24
- List B – permanent conditions for which functional capacity is variable
- List D – permanent impairment/early intervention, under 7

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Facilitator notes:

Say

Let's take a look at our other streamlined lists in more detail – List A, B and D.

[Refer learners to locate List A on the NDIS website.]

Click List A describes conditions which are likely to meet the disability requirements in section 24 of the NDIS act.

This means that conditions on this list will generally meet the disability requirements without any further assessment.

What are some examples of conditions on List A?

Pause *[Allow learners to locate answers and respond - Any conditions listed on List A are acceptable.]*

[Refer learners to locate List B.]

Click List B describes permanent conditions for which functional capacity is variable.

This means conditions on this List likely meet the requirements of Section 24 (1)(a) and (b) but further assessment of the remaining disability requirements is needed.

What are some examples of conditions on List B?

Pause *[Allow learners to locate answers and respond - Any conditions listed on List B are acceptable.]*

Click List D describes permanent impairments that likely meet the early intervention requirements without any further assessment. List D only applies to children under the age of 7.

[Refer learners to locate List D.]

What are some examples of condition on List D?

Pause *[Allow learners to locate answers and respond]*

[Any conditions on List D are acceptable. For ER – facilitator may like to acknowledge that while participant’s meeting for List D conditions are less common at the ER stage, this should be checked for any child under the age of 7.]

For List A and List D, no further evidence is required to satisfy the DIS and EI criteria respectively for conditions on these lists.

For List B, impairment and permanency are satisfied but further evidence of functional capacity is required to determine if the disability or early intervention requirements are met.

Click [to go to next slide]



Facilitator notes:

[To wrap up this session, check on learner well-being. Allow learners to post their GIF or emoji. Respond and discuss as necessary.]


Say

How are you feeling so far? Can everyone please post a GIF or emoji in the chat, that indicates how you are feeling.

[Open the floor to questions.]

End of presentation

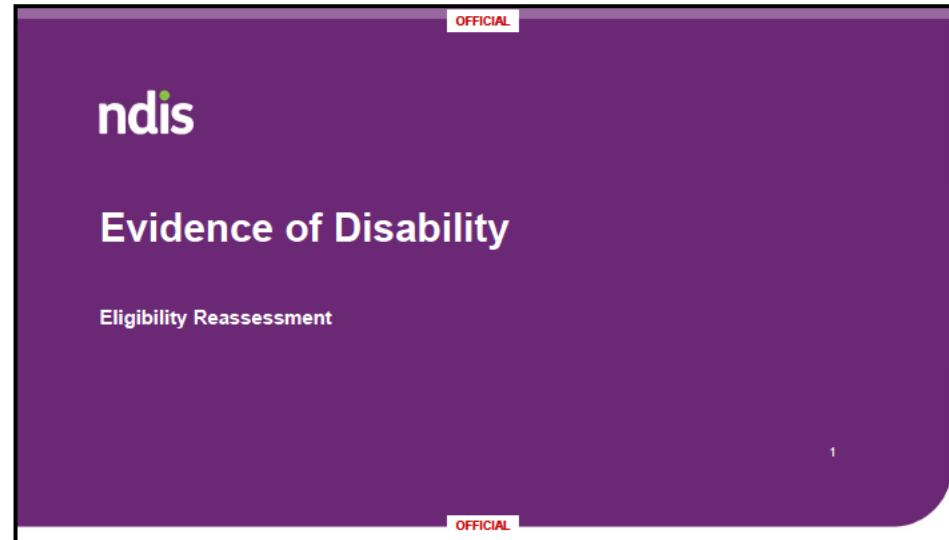
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Version control 

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V1.0	CH0026	Class 2 approval	APPROVED	2024-11-05

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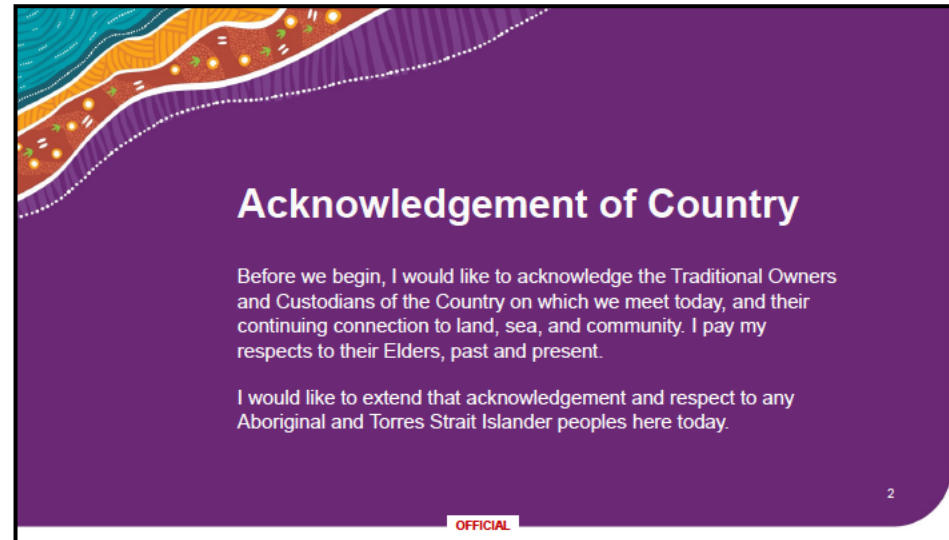


Facilitator notes:

Say

Welcome back everyone, to our session on checking evidence in Eligibility Reassessment.

Click [to go to next slide]



Facilitator notes:

Say

Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past and present.

I acknowledge that I am facilitating this training from the lands of the **[insert name]** people.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.


Click [to go to next slide]

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Learning Outcomes

This session has been designed to help you:

- recap your knowledge of evidence of disability (EoD), including reviewing different types of evidence
- understand how to use evidence and information to make ER decisions
- know how to check a treating health practitioner's registration using the AHPRA website
- understand how to locate and link evidence in PACE
- understand how to locate evidence in SAP-CRM



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Facilitator notes:

Say

Here are our learning outcomes for this session.

This session has been designed to help you:

- recap your knowledge of evidence of disability (EoD), including reviewing different types of evidence
- understand how to use evidence and information to make ER decisions
- know how to check a treating health practitioner's registration using the AHPRA website

- understand how to locate and link evidence in PACE
- understand how to locate evidence in SAP-CRM

Please feel free to ask questions throughout the session!


Click [to go to next slide]

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What is Evidence of Disability?

- Evidence of Disability (EoD):
 - evidence supporting a person's disability
 - This includes what the disability is, if it's permanent, and how it impacts a person's life
- Evidence of Identity (EoI):
 - evidence confirming a person is who they say they are

NDIS Website: [Providing evidence of your disability \(external\)](#)



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Facilitator notes:

Say

In our previous sessions, we have briefly explored the role of evidence in the decision-making process.

Can anyone recap for us the kind of evidence we might look at in ER? Think about some of the examples we have seen so far in our case studies.

Pause *[Allow learners to think and answer – possible answers: letters, reports, statements etc]*

Great! – What sort of information are we looking to find in these kinds of documents?

Pause *[Allow learners to think and answer – possible answers: diagnostic information, evidence of*

permanent impairment, functional capacity reports,]

Awesome answers from everyone!

Click

Evidence of Disability, is evidence we receive to support a person's disability. This includes what the disability is, if the disability is permanent, and how the disability impact's a person's life.

This is the main source of evidence we will work with in eligibility reassessment. Applicants and participants can learn more about EoD from the NDIS website.


Click

Another form of evidence the NDIS might receive is Evidence of Identity, which supports that a person is who they say they are. This type of evidence is most relevant to Access Officers and Assessors. Most participant's identities have already been confirmed once an ER commences. An exception to this may be for example if a participant has a newly appointed authorised representative.

Click [to go to next slide]

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Evaluating evidence in ER decision making



In ER, we look at all evidence on the participant's file.

We must consider:

- What the evidence is – i.e. diagnostic or functional
- How old the evidence is
- Who the evidence was provided by
- Are the recommendations for NDIS supports

NDIS Website: [Types of disability evidence \(external\)](#)
Our Guidelines: [What does the NDIS fund? \(external\)](#)

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Facilitator notes:

Say

In eligibility reassessment, we must look at all evidence on a participant's file. This includes any evidence on PACE or SAP-CRM, and from any point in the participant's journey, including during the initial application process.

We must use critical thinking and analysis to assess each piece of evidence against the eligibility requirements and weigh its relevance.

Click

We must consider:

- **What the evidence is**

Is the evidence diagnostic or functional? Does it provide confirmation of a permanent impairment, or describe a participant's current functional capacity? Does the evidence include any assessment or testing, and is this the most appropriate? Does the evidence show the participant meets any of the DIS or EI eligibility requirements?

Click

- **How old the evidence is**

In ER, although we assess all pieces of evidence, we often place more weight on the most recent evidence we have on record, particularly regarding functional capacity. This is because recent reports likely paint the most accurate picture of a participant's capacity. Functional reports should be dated within the last 12 months to be considered as current information.

Diagnostic reports of a permanent impairment can be from any time, as the diagnosis is unlikely to change.

Click

- **Who the evidence was provided by**

When deciding if a participant has met the eligibility requirements, we need to have the right evidence by the right people.

To support us, we can refer to our List A and B conditions, as well as the page 'Types of disability evidence' on the NDIS website, highlighted on the slide. This page provides a list of conditions, and information about the treating health professionals who can provide best practice evidence of disability.

Click

- **Finally, are the recommendations for NDIS supports**

It is our responsibility to confirm that any ongoing recommendations are valid and approved NDIS supports. To guide us, we currently use the NDIS supports list, which can be located on the NDIS website. A link has been provided on the slide.

In summary, as ERAs, it is important that we understand the evidence we do, and don't, have when making an Eligibility Reassessment decision.


For example, we may have evidence confirming the diagnosis of a permanent impairment but are missing any recent evidence supporting the participant's functional capacity or making recommendations for support. It is our responsibility to identify this when assessing the eligibility criteria, and to accurately and clearly communicate this when delivering an ER outcome.

Click [to go to next slide]

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Key reminders

- ✓ Check the date of the evidence
- ✓ Is the evidence diagnostic or functional? Does it use appropriate assessments and testing?
- ✓ Can we confirm any recommendations for support are NDIS supports?
- ✓ Is the evidence signed by a health professional – physically or digitally?
- ✓ Is the practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA)?



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Facilitator notes:

Say

Before we move on to our next section, let's run through a few key reminders for us to check when we are looking at each piece of evidence:

Click [*Click through each line*]

- ✓ Check the date of the evidence
- ✓ Is the evidence diagnostic or functional? Does it use appropriate assessments and testing?
- ✓ Can we confirm any recommendations for support are NDIS supports?

- ✓ Is the evidence signed by a health professional – physically or digitally?
- ✓ Is the practitioner registered on AHPRA?

Let's take a closer look at AHPRA now.

Click [to go to next slide]




Facilitator notes:

Say

We've reached the end of our session on checking evidence of disability. Does anyone have any questions on this before we continue on to our next session?

Click [to go to next slide]

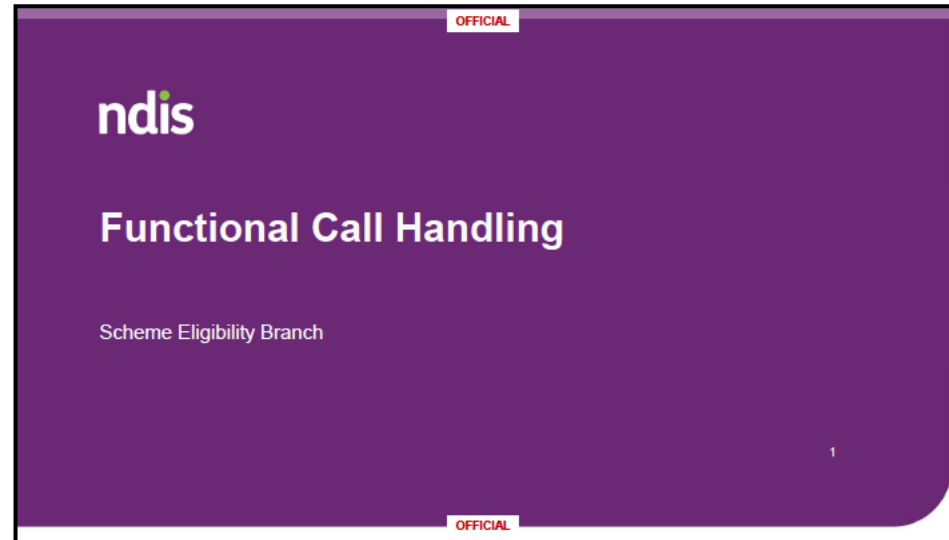
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Version control 

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V1.0	CH0026	Class 2 approval	APPROVED	2024-11-05

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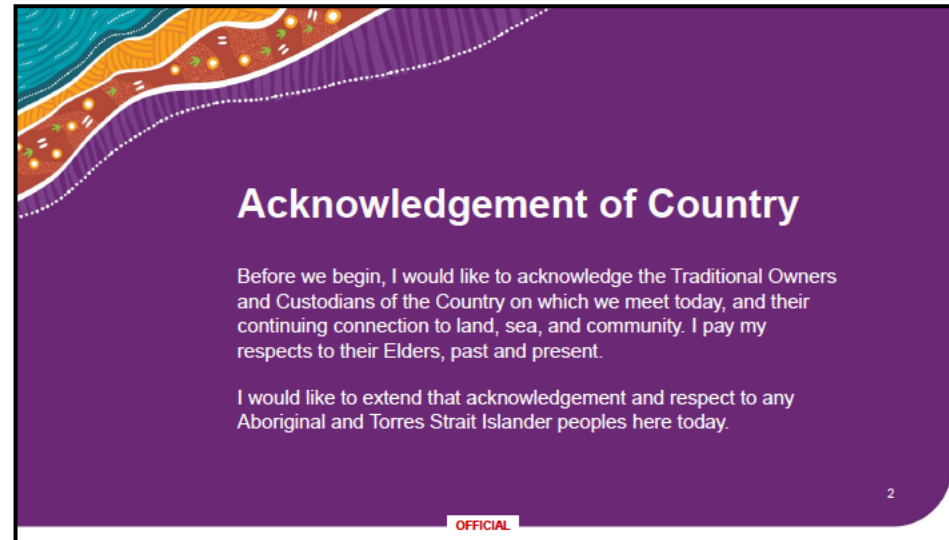


Facilitator notes:

Say

This training session will introduce call handling in Scheme Eligibility with a focus on functional capacity calls.

Click [to go to next slide]



Facilitator notes:

Say

Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past and present.

I acknowledge that I am facilitating this training from the lands of the *[insert name]* people.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.


Click to go to next slide.

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Learning outcomes

This session is designed to help you:

- understand the purpose of functional calls
- understand the process for making functional calls
- understand your role in good call handling
- be able to confidently request information to assist in your access decision making.
- understand the importance of making a record of a call in PACE



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Facilitator notes:

Say

This session is designed to help you:

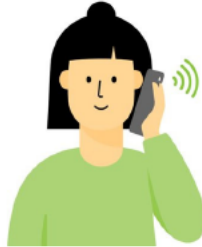
- understand the purpose of functional calls in the SEB
- understand the process for making functional calls
- understand your role in good call handling
- be able to confidently request information to assist in your access decision making
- understand the importance of making a record of a call in PACE.

Click [to go to next slide]

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Functional calls

- Functional capacity: a person's ability to complete tasks with or without assistance
- Functional information can be provided by:
 - Applicants
 - Carers
 - Support workers
 - Health professionals or,
 - Other listed party with consent.



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Facilitator notes:

Say

We make functional capacity calls when there is information or clues in the written evidence that suggest an applicant is likely to have substantially reduced functional capacity but there is insufficient detail for us to confidently decide this criteria is met.

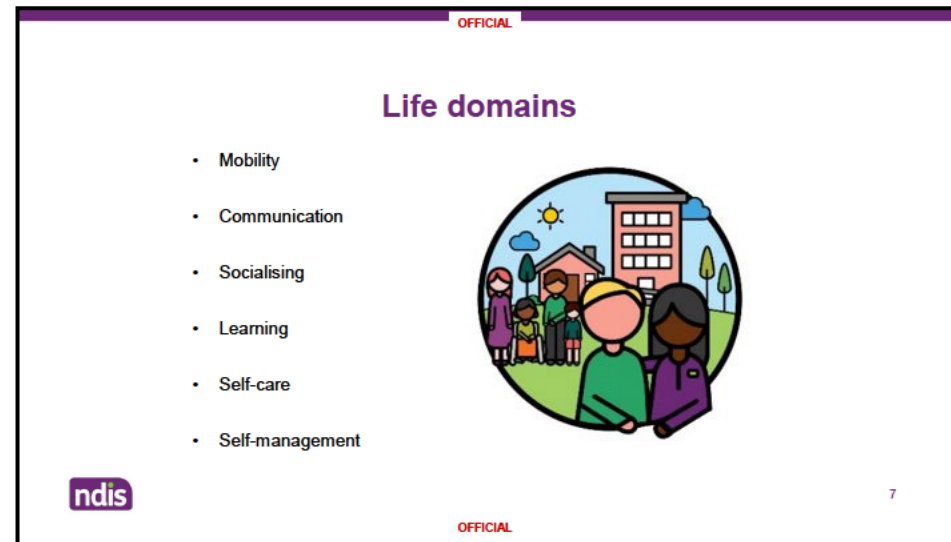
When this happens, you can attempt to gather the additional detail you need over the phone instead of making a formal written request for information.

While written requests for functional information are necessary at times, sending an s26 request for further information prolongs the time it takes for the applicant to receive an outcome on their access request. If we can gather information through a call and finalise the decision, we can provide the applicant with an outcome sooner.

Functional Calls can be made to an applicant or where consent has been provided; carers, support workers, health professionals or other listed third parties.

For example, we may make a functional call when a GP has confirmed an applicant has written that the person requires assistance with “all self-care” tasks and it is unclear specifically what type of self-care tasks they may mean. We could call the applicant to clarify exactly what assistance they need and with what type of self-care tasks. If we have third party authority, we may also be able to call their GP or other health professionals listed to collect the additional functional capacity details.

Click [to go to next slide]



Facilitator notes:

Say

A substantial reduction is when the person usually requires the assistance of another person, specially prescribed equipment or home modifications to participate in, or complete, tasks and activities in one or more life domains.

The impairment does not result in a substantial reduction if a person completes tasks at a slower rate, or in a modified manner.

As you know, we consider the life domains; mobility, communication, socialising, learning, self-care, and self-management.

When you make a functional call, you will ask questions that will help you determine if the applicant's

functional capacity is substantially reduced in one or more of these domains.

Click [to go to next slide]



Facilitator notes:

Say

Are there any questions about this session?

[Answer questions & wrap up]


END OF PRESENTATION

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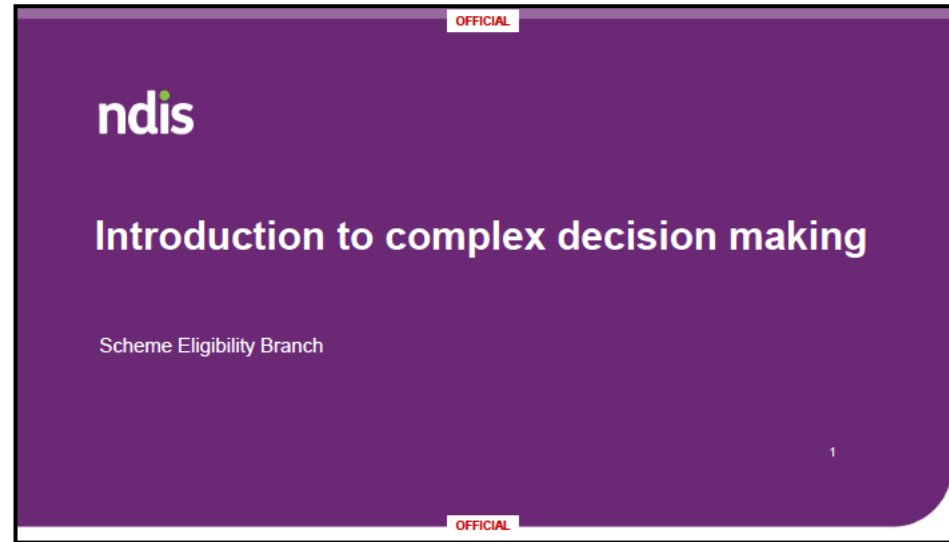
Version control

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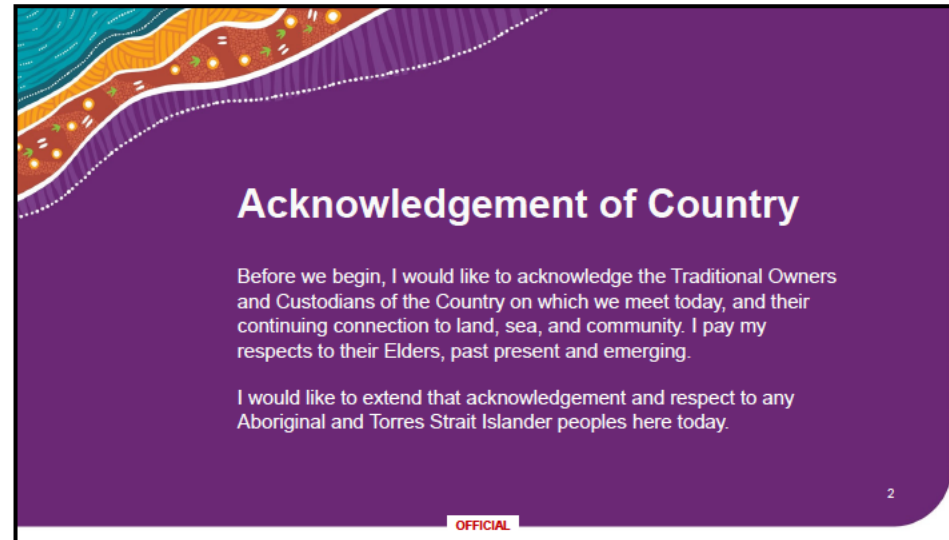


Facilitator notes:

State:

Good morning, everyone, and welcome to our introductory session on complex decision making.

Click to go to next slide.



Facilitator notes:

State:

Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

I acknowledge that I am facilitating this training from the lands of the **[insert name]** people.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.


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Learning outcomes

By the end of this session, you'll:

- understand that access assessors make complex decisions
- learn key terms related to complex decision making
- expand your knowledge of different disabilities
- be introduced to complex decision-making scenarios
- know that managing expectations is important during complex decision making.

An illustration of a clipboard with a checklist titled 'Goals'. The checklist has three items, the first two of which are marked with green checkmarks. A red pencil is shown writing on the bottom item. The clipboard is set against a circular background.

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Facilitator notes:

State:

Here are our learning objectives for this session.

By the end of this session, you'll:

- understand that as access assessors, complex decision-making forms part of your work.
- learn key terms related to complex decision making
- expand your knowledge of different disabilities
- be introduced to complex decision-making scenarios
- know that managing expectations is important for new starters when making complex decisions.

Please feel free to ask questions throughout the session. You can do this by raising your hand. Let's get started.


Click to go to next slide.

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Activity: key terms and definitions

Your task:

1. Download the learner worksheet from the chat.
2. Read the list of key terms and definitions.
3. Match each key term to a definition.
4. Compare your answers with a colleague, then type 'done' in the chat.



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Facilitator notes:

For access assessors to pre-learn key terms related to complex decision making. This is a pre-teach activity which means learners may not have background knowledge of these terms before completing this activity. This activity provides context, and facilitates understanding as learners progress through the information and

scenarios in the PowerPoint module.

Actions: *You'll need to give learners the **Introduction to Complex Decision Making Learner Worksheet**. Send it to them via the chat and ask them to download their own copy.*

State:

We're going to start with an activity. This will introduce you to some key terms and definitions relevant to complex decision making.

Your task:

1. Download the learner worksheet from the chat.
2. Read the list of key terms and definitions.
3. Match each key term to a definition.
4. Once you have finished, reach out to a colleague and compare your answers with them. Then, type done in the meeting chat.

(Facilitators: Drop learner worksheet into the chat and check that learners can download it. Allow 10-15 minutes for learners to complete their worksheet. Be available if anyone needs help. Once they have finished, use the Answer Guide to lead a discussion of the answers).

Click to go to next slide.

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Lived experience: Meet s47F - personal

Watch the video and answer the questions:

1. Which psychosocial disability does Doug live with?
2. How many years has s47F - pe been living with his disability?

s47F - personal privacy

s47F - pers [Lived Experience \(external\)](#)

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Facilitator notes:

State:

So we've just learnt a few key terms related to making complex decisions. When we use these terms to talk about disabilities or describe functional capacity, it's important to remember we're talking about a person. Learning about someone's lived experience helps us keep the applicant at the centre of our decision-making.

Let's meet s47F - personal pr and learn a bit about his personal experience of living with a psychosocial disability.

Your task is to:

- watch the first video titled s47F - personal pr – lived experience.
- answer the questions on the slide.

1. Which psychosocial disability does [s47F - personal p](#) live with?
2. How many years has he been living with his disability?

(Play video. Approx 5 minutes. Allow learners a moment to complete their answers then call on learners to share their answers.)

If video does not play or learners need the transcript, use link on slide or paste this link into the chat -

[s47F - personal privacy](#)

Answers:

1. *Schizophrenia*
2. *30 years*


Click to go to next slide.

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Activity: Schizophrenia snapshot

Use the Schizophrenia Disability Snapshot to answer these questions:

1. Schizophrenia is characterized by three symptom groups. Briefly describe them.
2. What's the main form of treatment for Schizophrenia?
3. Give two examples of appropriate phrases to use when describing someone with Schizophrenia.
4. How might you tailor your communication style for with someone living with Schizophrenia?



[Schizophrenia snapshot \(external\)](#)

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Facilitator notes:

State:

We've heard from s47F - personal p about his experiences living with Schizophrenia. Let's find out more about this psychosocial disability.

Your next task is to:

- go to the Disability Navigator page on the intranet and select Psychosocial disability – schizophrenia.
- scroll down and locate Disability Snapshot location.
- use the information in this section to answer the questions on the slide.

1. Schizophrenia is characterized by three symptom groups. Briefly describe them.

2. What's the main form of treatment for Schizophrenia?

3. Give two examples of appropriate phrases to use when describing someone with Schizophrenia.
4. How might you tailor your communication style for with someone living with Schizophrenia?

Facilitator to post this link in the chat in case learners can't find the page:

https://intranet.ndiastaff.ndia.gov.au/service-delivery/disabilitynavigator/Pages/pds_snapshot.aspx

Link is also on the slide for reference.


Click to go to next slide.

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Debrief: Schizophrenia snapshot (1 of 2)

1. Symptom groups:

- Positive: Intense episodes of psychosis which make it difficult to know what's real and what isn't.
- Negative: Reduced expression, motivation or capacity to function in daily life.
- Cognitive: Longer periods of slowed or confused thinking.



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Facilitator notes:

Suggestion: Have the Schizophrenia Disability Navigator page open for reference.

State:

Schizophrenia is characterized by three symptom groups. Describe them.
(Facilitator to call on learners to share their answers via hand up or chat)

CLICK to show answers on slide

Click to go to next slide.

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Debrief: Schizophrenia snapshot (2 of 2)


2. Antipsychotic medicines

3. Examples include:

- She has had an experience of schizophrenia
- He has had an experience of psychosis.

4. Examples include:

- Allow the person more time to express themselves
- Remain calm
- Show respect and compassion.



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Facilitator notes:

State:

Question 2 - What's the main form of treatment for Schizophrenia?
(Facilitator to call on learners to share their answers via hand up or chat)

CLICK to show answers on slide

3. Give two examples of appropriate phrases to use when describing someone with Schizophrenia.
(Facilitator to call on learners to share their answers via hand up or chat)

CLICK to show answers on slide

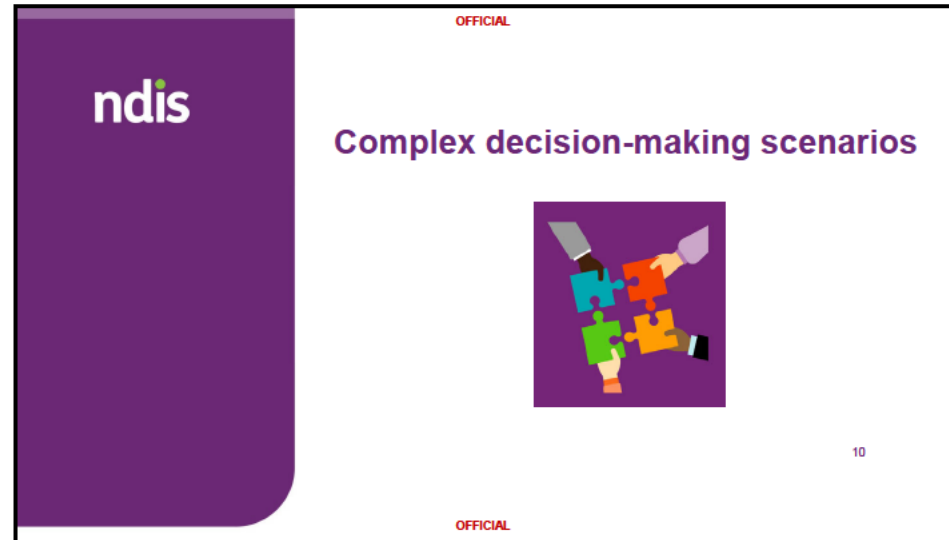
4. How might you tailor your communication style for with someone living with Schizophrenia?

(Facilitator to call on learners to share their answers via hand up or chat)

CLICK to show answers on slide

(Add to discussion if necessary, then wrap up)

Click to go to next slide.



Facilitator notes:

State:


We mentioned earlier that some applicants live with multiple diagnoses and intersecting functional presentations. This means that someone may live with co-existing conditions, for example a psychosocial disability and multiple physical impairments.

Let's explore some sample scenarios, so you can get an idea of applications that may need complex decision-making skills.

Click to go to next slide.


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Jake (part 1 of 5)



1. Which disabilities does Jake live with?
2. True or False? When assessing an application, we only consider the primary disability.

Name: Jake
Age: 40
Reported primary disability: schizophrenia
Reported secondary disabilities: arthritis, diabetes, oedema

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Facilitator notes:

*There are 2 scenarios here – Jake and Rosa. The goal here is to show the type of applications which may require AAs to use complex decision-making skills. The aim is **NOT** to talk about whether Jake and Rosa meet the eligibility requirements. There is no need to discuss whether they meet/not meet in this module. The emphasis should be around co-existing conditions, volume of information, and linking specific parts of the supporting evidence to specific impairments.*

State:

Our first applicant is Jake. Jake is 40 and is an Australian citizen living in Brisbane. You're reviewing Jake's information, and you see a few disabilities listed. What are they? Type your answers in the chat.

(Wait for answers then confirm: Primary – schizophrenia. Secondary - arthritis, diabetes, oedema).

State:


True or False? When assessing an application, we only consider the primary disability. Type your answer in the chat.

(Wait for answers then confirm FALSE. We must assess all disabilities listed in the supporting evidence.)

Click to go to next slide.

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Jake (part 2 of 5)



1. Which evidence would you use to assess permanency?
2. Which evidence would you use to assess functional capacity?

Psychiatrist evidence: 20-year extensive treatment history. Multiple inpatient admissions, community treatment orders. Compliant with antipsychotic depot injections. Engaged with community health. No other treatment recommended.

GP evidence: Vulnerable to manipulation from others, needs supervision to maintain hygiene, can't manage own finances, needs tenancy support, at risk of eviction. Difficulty mobilising, can walk short distances only, uses a walking stick, is frequently breathless. Chronic knee and foot pain.

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Facilitator notes:

State:

Jake's treating psychiatrist and General Practitioner (GP) have supplied evidence to support their application. You can see a summary on the slide.

Take a minute to read the evidence on the slide, then answer these questions:


1. Which evidence would you use to assess permanency?
2. Which evidence would you use to assess functional capacity?

(Allow learners a minute to read the information on the slide, then call on someone to share their answer. Simply confirm the correct answer. No details needed here. Further explanation on the next slide).

Click to go to next slide.

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Jake (part 3 of 5)




1. Which evidence would you use to assess permanency?

20-year extensive treatment history. Multiple inpatient admissions, community treatment orders. Compliant with antipsychotic depot injections. Engaged with community health. No other treatment recommended.

2. Which evidence would you use to assess functional capacity?

Vulnerable to manipulation from others, needs supervision to maintain hygiene, can't manage own finances, needs tenancy support, at risk of eviction. Difficulty mobilizing, can walk short distances only, uses a walking stick, is frequently breathless. Chronic knee and foot pain.

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Facilitator notes:

State:

To assess permanency, we'd use the evidence given here by Jake's specialist, a psychiatrist. For example, it outlines a 20-year treatment history, inpatient admissions and medications. We can see Jake is compliant with antipsychotic depot injections and there is no further treatment recommended.

CLICK to show functional evidence

To assess functional capacity, we'd use the GP evidence. Here we can see descriptions of the things Jake can and can't do. For example, Jake can't manage their own finances which indicates difficulties with self-management. Jake also has difficulty walking for long distances which indicates a reduced ability to mobilise.


Click to go to next slide.

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Jake (part 4 of 5)

1. Which information likely links to Jake's Schizophrenia?

2. Which information likely links to Jake's arthritis, diabetes or oedema?




Psychiatrist evidence:

20-year extensive treatment history. Multiple inpatient admissions, community treatment orders. Compliant with antipsychotic depot injections. Engaged with community health. No other treatment recommended.

GP evidence:

Vulnerable to manipulation from others, needs supervision to maintain hygiene, can't manage own finances, needs tenancy support, at risk of eviction. Difficulty mobilizing, short distances only, uses a walking stick, is frequently breathless. Chronic knee and foot pain.

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Facilitator notes:

State:

We know Jake has listed their disabilities as schizophrenia, arthritis, diabetes and oedema.

When assessing evidence, you need to carefully link each piece of information to a listed disability, condition, or impairment. You would use complex decision-making skills to do this.

Let's look at Jake's supporting evidence again and break it down. Notice in the GP evidence, there's information that states, 'vulnerable to manipulation from others' shown on the slide in pink text. Do you think this links to Jake's schizophrenia or arthritis?

(Allow learners to answer and confirm it likely relates to schizophrenia.)

State:


Your task is to read through the evidence, then decide:

1. Which information likely links to Jake's Schizophrenia?
2. Which information likely links to Jake's arthritis, diabetes or oedema?

Click to go to next slide.

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Jake (part 5 of 5)



- 1. Which information likely links to Jake's Schizophrenia?**

20-year extensive treatment history. Multiple inpatient admissions, community treatment orders. Compliant with antipsychotic depot injections. Engaged with community health. No other treatment recommended.

Vulnerable to manipulation from others, needs supervision to maintain hygiene, can't manage own finances, needs tenancy support, at risk of eviction.
- 2. Which information likely links to Jake's arthritis, diabetes or oedema?**

Difficulty mobilizing, can walk short distances only, uses a walking stick, is frequently breathless. Chronic knee and foot pain.

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Facilitator notes:

State:

On this slide you can see which information likely links to schizophrenia and which likely links to Jake's physical impairments. Take a moment to check your own answers. Did you identify the correct information for each question?

(Leave the slide up for a minute for learners to read. Address any questions if needed)

State:

Linking evidence to specific impairments can be challenging. Sometimes you won't have enough information to make a decision about certain listed impairments. If there are red flags in the evidence which point towards an access met decision, it's a good idea to contact the applicant for further information specific to these red flags. Also, use the supports available to you if you need help.

Click to go to next slide.

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Rosa


Why might you need complex decision-making skills to assess Rosa's application?

Name: Rosa Age: 27

Reported primary disability: generalised anxiety disorder, depression.

Reported secondary disabilities: chronic pain, fibromyalgia, chronic fatigue syndrome.

Supporting evidence on file: Mental health social worker letter, GP letter, carer statement written by Rosa's sister, multiple pharmacist receipts, rheumatologist letter, physiotherapist report, past and recent occupational therapist functional capacity assessments, historical paediatric reports.



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Facilitator notes:

State:

Our next applicant is Rosa. Rosa is 27 and lives with co-morbid mental health and physical conditions. Her reported disabilities are listed on the slide.

Your task is to:

- Read the information about Rosa.
- Then answer the question: Why might you need complex decision-making skills to assess Rosa's application?

You have a few minutes to do this task.


(Allow learners a few minutes to read the information on the slide and to think of some answers. Then ask them to share their ideas. Add to discussion if necessary.)

Discussion ideas: (No need to read these out. Not an exhaustive list. Ideas only)

- There are many different documents to read and consider. You'd need to decide which documents are relevant or not relevant to the current application.
- It might take time to analyse the volume of information.
- It might take time and complex decision-making skills to link the information in each document to each of Rosa's different impairments.
- You may not find everything you need to make a decision in a single document. E.g. Treating health professionals sometimes state that high prevalence conditions are permanent. Complex decision-making skills are needed to investigate if the different documents show evidence of treatments and their outcomes.
- You may need to analyse what a particular piece of evidence is telling you. For example, a pharmacist's receipt shows that Rosa purchased some medication and that it was prescribed to her. But it doesn't show you that she actually took the medication or what the outcomes of that treatment are.
- None of these impairments are on list A or list B so you'd need to think deeply about each of Rosa's impairments when considering whether there is a disability and whether it is caused by a permanent impairment.
- Rosa has high-prevalence conditions (e.g. generalized anxiety disorder, depression). You may need to analyse if/how psychosocial symptoms are impacting Rosa's physical impairments and vice versa.
- Due to Rosa's physical impairments being on the TAPIB mandatory list, you'd need to refer the application to TAPIB if you're considering an access met decision for her chronic pain, fibromyalgia or chronic fatigue syndrome. We will talk about the TAPIB branch and how to get their advice later in the training.

Click to go to next slide.


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Activity: Authentic documents

Download the 3 documents from the chat, read them, then answer these questions:

1. List three reasons why this application might be challenging to assess.
2. Functional Neurological Disorder (FND) is on:
 - a) List A
 - b) List B
 - c) The Mandatory TAPIB advice list
 - d) All of the above
3. Refer to the section of Dr 647F - 0016 letter, circled in red. Do these statements alone provide enough evidence to assess eligibility? Why? Why not?

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Facilitator notes:

State:

As we've just learned, when making complex decisions, you'll need to read and analyse different types of supporting evidence from a range of sources.

Let's take a look at some authentic examples. You're going to read three supporting evidence documents, provided by three different health professionals. Note that these documents are real but have been de-identified for privacy and training purposes.

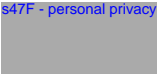
Your task:

1. Download the three documents from the chat.
2. Read each document, taking note of the author and type of information in each.

3. Answer the questions on the slide based on the information you've read.
4. Once you have finished, reach out to a colleague and compare your answers with them. Then, type done in the meeting chat.
5. You have 20 minutes to complete this task.


(Facilitators: Drop the three documents into the chat and check that learners can download them. Allow 20 minutes for learners to complete the questions. Be available if anyone needs help. Leave this slide showing. Once they have finished, bring everyone back together. Use the next slide to discuss the answers)

Questions for reference:

1. List three reasons why this application might be challenging to assess.
2. Functional Neurological Disorder is on:
 - a) List A
 - b) List B
 - c) The Mandatory TAPIB advice list
 - d) All of the above
3. Refer to the section of Dr  letter, circled in red. Do these statements provide enough evidence to make a decision? Why? Why not?

Click to go to next slide.

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Debrief: Authentic documents (1 of 2)

Challenges could include:

- large volume of information. Multiple documents from different health professionals. Takes time to read and interpret.
- co-existing conditions – need to consider each piece of information carefully and how it links to each condition.
- lots of technical health information and medical jargon to interpret.

FND is on the TABIP mandatory advice request list

- Mandatory TABIP list is available in the [AA OneNote \(external\)](#).
- It's important to follow our processes and seek support where necessary.

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Facilitator notes:

(Call on learners to share their ideas. Use the information below and your own QDO knowledge to lead a discussion around the questions. The point here is not to try and determine if the applicant meets the criteria. It's to emphasise the challenges that occur when making complex decisions).

Answers and discussion points:

1. List three reasons why this application might be challenging to assess.

- Challenges could include:

- large volume of information – multiple documents from different health professionals
- co-existing conditions – need to consider each piece of information carefully
- lots of technical health information and medical jargon to interpret
- This applicant's disability isn't straightforward. It has complexities.
- You may not find everything you need in a single document. For example, not all information needed for one section of the legislation is available in one report. You'll need to read multiple documents to gather information about each section of the legislation.
- Takes a lot of time to read through all the information
- Some of the information in the documents may be unnecessary for

our purposes. You need to carefully analyse which parts of the evidence to consider and which parts not to.

- Takes time to become familiar with the different medical professionals and specialists who write the reports. Need to think about which specialist holds more weight for which type of evidence or which impairment.

****CLICK****

(Call on learners to share their answers to question 2)

2. Functional Neurological Disorder is on the mandatory TAPIB advice list.

****CLICK****

State:


Reading the information, you probably felt that this was a challenging case to assess because of the reasons we just talked about. When you first begin assessing cases like these, it's important to still follow our standard processes. If you check List A and B, you can see that FND is not listed. This tells you that Section 24(1)(a) and (b) is not automatically considered likely to be met and you will need to assess the disability criteria carefully. When you are faced with a complex condition, remember to check the mandatory TAPIB advice list. This is in the OneNote. I'll show you now.

(Navigate to the OneNote and point out where the mandatory list is)

Checking the mandatory TAPIB list often prompts you to seek QDO tech support. This is a good idea when first making complex decisions.

Click to go to next slide.

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Debrief: Authentic documents (2 of 2)

Does this section of Dr s47F - perso letter provide enough evidence to assess eligibility? Why? Why not?

This correspondence confirms the following:

- The disability is attributable to sensory, physical and neurological impairments
- The domains affected include but are not limited to; cognitive, communicative, physical, functional domains
- The disability has resulted in a substantial and permanent reduction in functional capacity
- The disability is considered stable
- The disability will result in permanent impairment requiring ongoing disability support

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Facilitator notes:

(Answers for discussion continued...)

State:

Let's move on to question three. Please raise your hand to share your ideas about this question.

3. Does the section of Dr s47F - personal privacy letter, circled in red on this slide provide enough evidence to assess eligibility? Why? Why not?

Possible discussion prompts:

- No, this section is not enough to assess eligibility. There is not enough detail in this paragraph.
- The doctor has stated that the applicant meets all of our criteria. They are aware of the criteria and how

it is presented in Our Guidelines.

- The doctor has stated the criteria is met but this paragraph alone does not **show** that the criteria has been met.
- It is not the health professional's job to state if the applicant meets our specific criteria. It is our job to assess evidence against the criteria. It is their job to provide the evidence and detailed information that we need to analyse and assess the criteria.
- It's important not to take a statement at face value. You need to look at the detailed evidence and apply the criteria to that evidence. We must test the actual evidence against the criteria.
- Just because a health professional states an impairment is permanent, that doesn't mean it is for the purposes of the NDIS. We would need to see detailed evidence showing which available treatments have been tried and what their specific outcomes have been. For example, if a health professional has stated that the applicant has been treated by a psychologist, we would need to see evidence from that psychologist of the treatments tried, the timeframe of treatment, and what the specific outcomes of the engagement with that treatment are.

(Facilitator to add to the discussion if necessary)


Click to go to next slide.

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Skills for complex decision-making

When making complex decisions you'll need the ability to:

- make logical connections and exercise judgement while interpreting multiple sources of evidence
- come to accurate conclusions after testing legislation, rules and guidance against complex evidence
- perform objective and systematic research on certain conditions, their treatments, and functional presentations
- justify your decisions using the available supporting evidence
- follow mandatory processes and seek technical support where needed.



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Facilitator notes:

State:

We've talked a lot about using complex decision-making skills in this module. But what exactly are these skills?

Some essential skills include making connections between the information you find in multiple sources of evidence. As we've seen, an application may include several different reports from various health professionals. Being able to pick that evidence apart, analyse it, and make connections between pieces of information and sections of our legislation is essential in complex decision-making.

You'll also need the ability to look at all the pieces and come to accurate conclusions after testing each of those pieces against our legislation and other practice guidance.

For unfamiliar conditions or impairments, you'll need to perform objective research to gain a wider understanding of that condition, its recommended evidence-based treatments and common functional presentations. There is a list of reputable websites in the AA OneNote to help with this. Your knowledge of certain conditions will increase with time and experience.

You'll also need to justify how you came to your decision. You'll do this by showing which sections of supporting evidence you considered, and how you connected these selections to certain sections of the legislation. Being confident to justify your decision is part of owning your decision as a delegate.

Finally, when you make complex decisions, an important skill is to methodically follow standard processes. It's important to use the tools available to you. This includes checking lists, referring for mandatory advice, and seeking QDO technical support if needed.

Can you think of any other skills you might need? Type your answer in the chat or raise your hand.

(Address learner suggestions. If there are none, add your own or move on.)

Click to go to next slide.

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Managing expectations

- Complex decision making can be challenging
- Managing your expectations is important: remember the conscious competence model
- Competence and confidence increase with time and experience
- Be kind to yourself & reach out for support




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Facilitator notes:

State:

As new starters, you may find complex decision-making challenging at first. That's ok. Managing expectations is important when learning something new.

On day one of training, we talked about the conscious competence model.

We learnt that:

- repeated practice is needed to become competent with a skill, and this can take time.
- practice is essential to retain unconscious competence with a skill.
- Context is also important. For example, complex decision-making is different to assessing developmental delay, so you may go back to a lower level of competence until you've had the opportunity to develop new understandings.

It's OK to feel frustrated at times. This is a normal stage of any learning cycle. We don't expect you to know everything after the formal training is over!

Remember that formal training is just an introduction to your role. Your confidence in making complex decisions will increase with time and on-the-job experience. In the meantime, be kind to yourself and reach out for support if you need it.

Click to go to next slide.



Facilitator notes:

State:


That brings us to the end of this module on complex decision-making.

(Address any learner questions here, then it's break time before the next module)

Click to go to next slide.

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Version control



Version	Amended/ Approved by	Brief Description of Change	Status	Date
V1.0	CH0026	CLASS 2 APPROVAL	APPROVED	2024-01-09

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Hidden Slide – Version Control

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The contents of this document are – OFFICIAL.

Learner worksheet: Introduction to complex decision making.

Objective

- To become familiar with key terms related to complex decision making.

Learner Instructions

1. Complete this task on your own, or with a colleague.
2. Read the list of key terms and definitions.
3. Match each key term to a definition.
4. When you have finished, compare your answers with a colleague then type 'done' in the main meeting chat.

Key terms

Match each key term from 1-13 with a definition from A-M. The first one is done for you.

1. Co-existing conditions

- **F.** The state of having multiple health conditions or disabilities at the same time, especially when they interact with each other in some way, for example, someone who lives with mental health issues and physical conditions.

2. TAPIB

-

3. Psychosocial disability

-

4. Mental health condition

-

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5. Chronic health condition

-

6. Depot

-

7. High prevalence disorders

-

8. Fibromyalgia

-

9. Chronic Fatigue Syndrome

-

10. Fluctuating or Episodic conditions

-

11. Arthritis

-

12. Oedema

-

13. Community treatment order

-

Definitions

- A.** A term used to describe a disability that arises from a mental health condition. While not everyone with a mental health condition will experience this, those that do can experience severe psychological effects and social disadvantage. This disability can be long standing, and it can have a significant impact on someone's life and potential recovery.
- B.** Conditions or impairments which vary in intensity.

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- C.** Conditions that are viewed as reasonably common conditions for which treatment options are available. They include depression, anxiety, and bipolar. Treatment options can include but are not limited to medications, cognitive behavioural therapy, and other therapeutic treatment under the care of a psychiatrist or psychologist.
- D.** A common condition in which people experience symptoms that include widespread pain and tenderness in the body, often accompanied by fatigue and problems with memory and concentration.
- E.** Considered by the NDIS to be a broad term that describes many different disorders, illnesses, and syndromes that may be caused by life events or genetic factors. They can be temporary or lifelong, and include mood, anxiety, personality, psychotic and compulsive disorders.
- F.** The state of having multiple health conditions or disabilities at the same time, especially when they interact with each other in the same way, for example, someone who lives with mental health issues and physical or intellectual conditions. Sometimes referred to as comorbid conditions.
- G.** A type of musculoskeletal condition that affects the muscles, bones and joints. Management techniques can include medical treatment and medication, physiotherapy, exercise and self-management techniques.
- H.** An injection of antipsychotic medications. These injections are given in a 'carrier liquid' that releases the medication slowly, so it lasts longer. This can occur over several weeks. These injections may be helpful where the person has difficulty remembering to take medication regularly. They may also be a condition of a court community treatment order.
- I.** The NDIA Technical Advice and Practice Improvement Branch. Provides additional specialist subject matter expertise, interpretation, and advice in terms of decisions which may include psychosocial disability and chronic health conditions. Certain conditions require mandatory advice from a TAPIB advisor before making an access met decision. A list of conditions that are mandatory for TAPIB referral can be found in the Access Assessor OneNote.
- J.** A type of fluid retention that causes swelling and aching in parts of the body. The feet, ankles and hands are commonly affected. Can be a symptom of arthritis.

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- K.** A long-lasting condition with persistent effects. A condition that may get gradually worse and often needs long-term management. Can lower a person's quality of life and affect independence. Examples include arthritis, cancer, back pain and diabetes.
- L.** A legal order where a patient may be ordered to accept treatment, care and management, to be provided in the community by a nominated mental health facility. Allows people who might otherwise be detained in a mental health facility, to live in the community and get the treatment, care and support they need in a less restrictive setting.
- M.** Otherwise known as Myalgic encephalomyelitis (ME) this is a complex disorder characterised by extreme fatigue that affects many parts of the body including the brain, muscles, digestive, immune, and cardiac systems.

END OF DOCUMENT

Version	Amended/ Approved by	Brief Description of Change	Status	Date
V1.0	CH0026	CLASS 2 APPROVAL	APPROVED	2024-01-09

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The contents of this document are – OFFICIAL.

Answer Guide: Introduction to complex decision making.

Objective

- For access assessors to pre-learn key terms related to complex decision making. This is a pre-teach activity which means learners may not have background knowledge of these terms before completing this activity. This activity provides context and facilitates understanding as learners progress through the information and scenarios in the PowerPoint module.

Facilitator Instructions

- Learners will need the 'Introduction to complex decision making' learner worksheet.
- Allow about 10-15 minutes for learners to complete the activity.
- Learners can complete the questions alone, or with a colleague.

Learner Instructions

1. Complete this task on your own, or with a colleague.
2. Read the list of key terms and definitions.
3. Match each key term to a definition.
4. When you have finished, compare your answers with a colleague then type 'done' in the main meeting chat.

Key terms

Match each key term from 1-13 with a definition from A-M. The first one is done for you.

1. Co-existing conditions

- **F.** The state of having multiple health conditions or disabilities at the same time, especially when they interact with each other in some way, for example, someone who lives with mental health issues and physical conditions.

2. TAPIB

- I

3. Psychosocial disability

- A

4. Mental health condition

- E

5. Chronic health condition

- K

6. Depot

- H

7. High prevalence disorders

- C

8. Fibromyalgia

- D

9. Chronic Fatigue Syndrome

- M

10. Fluctuating or Episodic conditions

- B

11. Arthritis

- G

12. Oedema

- J

13. Community treatment order

- L

Definitions

- A. Psychosocial disability.** A term used to describe a disability that arises from a mental health condition. While not everyone with a mental health condition will experience this, those that do can experience severe psychological effects and social disadvantage. This disability can be long standing, and it can have a significant impact on someone's life and potential recovery.
- B. Fluctuating or episodic conditions.** Conditions or impairments which vary in intensity.
- C. High prevalence mental health disorders.** Conditions that are viewed as reasonably common conditions for which treatment options are available. They include depression, anxiety, and bipolar. Treatment options can include but are not limited to medications, cognitive behavioural therapy, and other therapeutic treatment under the care of a psychiatrist or psychologist.
- D. Fibromyalgia.** A common condition in which people experience symptoms that include widespread pain and tenderness in the body, often accompanied by fatigue and problems with memory and concentration.
- E. Mental health condition.** Considered by the NDIS to be a broad term that describes many different disorders, illnesses, and syndromes that may be caused by life events or genetic factors. They can be temporary or lifelong, and include mood, anxiety, personality, psychotic and compulsive disorders.
- F. Co-existing conditions.** The state of having multiple health conditions or disabilities at the same time, especially when they interact with each other in the same way, for example, someone who lives with mental health issues and physical or intellectual conditions. Sometimes referred to as comorbid conditions.
- G. Arthritis.** A type of musculoskeletal condition that affects the muscles, bones and joints. Management techniques can include medical treatment and medication, physiotherapy, exercise and self-management techniques.
- H. Depot.** An injection of antipsychotic medications. These injections are given in a 'carrier liquid' that releases the medication slowly, so it lasts longer. This can occur over several weeks. These injections may be helpful where the person has difficulty

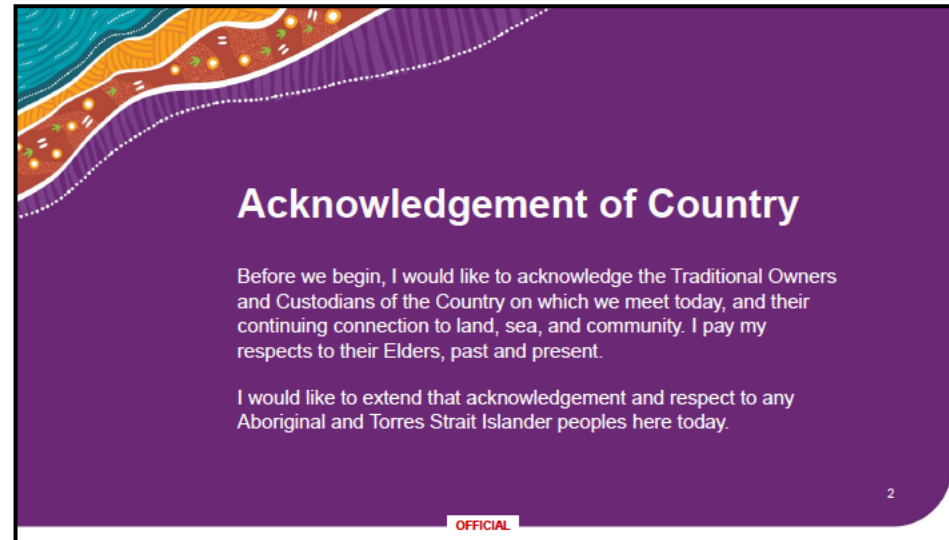
remembering to take medication regularly. They may also be a condition of a court community treatment order.

- I. **TAPIB.** The NDIA Technical Advice and Practice Improvement Branch. Provides additional specialist subject matter expertise, interpretation, and advice in terms of decisions which may include psychosocial disability and chronic health conditions. Certain conditions require mandatory advice from a TAPIB advisor before making an access met decision. A list of conditions that are mandatory for TAPIB referral can be found in the Access Assessor OneNote.
- J. **Oedema.** A type of fluid retention that causes swelling and aching in parts of the body. The feet, ankles and hands are commonly affected. Can be a symptom of arthritis.
- K. **Chronic health condition.** A long-lasting condition with persistent effects. A condition that may get gradually worse and often needs long-term management. Can lower a person's quality of life and affect independence. Examples include arthritis, cancer, back pain and diabetes.
- L. **Community treatment order.** A legal order where a patient may be ordered to accept treatment, care and management, to be provided in the community by a nominated mental health facility. Allows people who might otherwise be detained in a mental health facility, to live in the community and get the treatment, care and support they need in a less restrictive setting.
- M. **Chronic fatigue syndrome.** Otherwise known as Myalgic encephalomyelitis (ME) this is a complex disorder characterised by extreme fatigue that affects many parts of the body including the brain, muscles, digestive, immune, and cardiac systems.

END OF DOCUMENT

Version	Amended/ Approved by	Brief Description of Change	Status	Date
V1.0	CH0026	CLASS 1 APPROVAL	APPROVED	2024-01-09





Facilitator notes:

[Show or hide this slide as needed.]

Say

Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past and present.

I acknowledge that I am facilitating this training from the lands of the *[insert name]* people.


I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.

Click [to go to next slide]

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Session outline: Overview of Access decision making

Part One: The access eligibility requirements	Part two: Making your decision
Age requirements (section 22) and;	Streamlined access, streaming, critical thinking, communicating the decision.
Residence requirements (section 23) and;	
Disability requirements (section 24); and/or	
Early intervention requirements (section 25)	



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Facilitator notes:

Say

Welcome to this module, where we will guide you through the essential decision-making tasks for Assessors. The module is split into two parts.

In Part One, we focus on understanding the eligibility requirements. Before getting into the decision-making process, it's crucial to understand the eligibility requirements and the initial steps involved in assessing the request. We cover the key access eligibility criteria which are listed here on the left.

In Part two, we move on to show you how to make your decision based on the evidence and information gathered, through to communicating the decision to the applicant.


Click [to go to next slide]

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Learning outcomes

This session has been designed to help you:

- develop a broad understanding of the access eligibility requirements for accessing the NDIS
- build confidence in navigating the Intranet and sourcing information in Our Guidelines
- enhance your critical thinking skills while reviewing evidence
- develop an understanding of streamlined access processes
- understand the final tasks involved in making and communicating your decision.



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Facilitator notes:

Say

Let's look at our learning outcomes for today's session.

This session has been designed to help you:

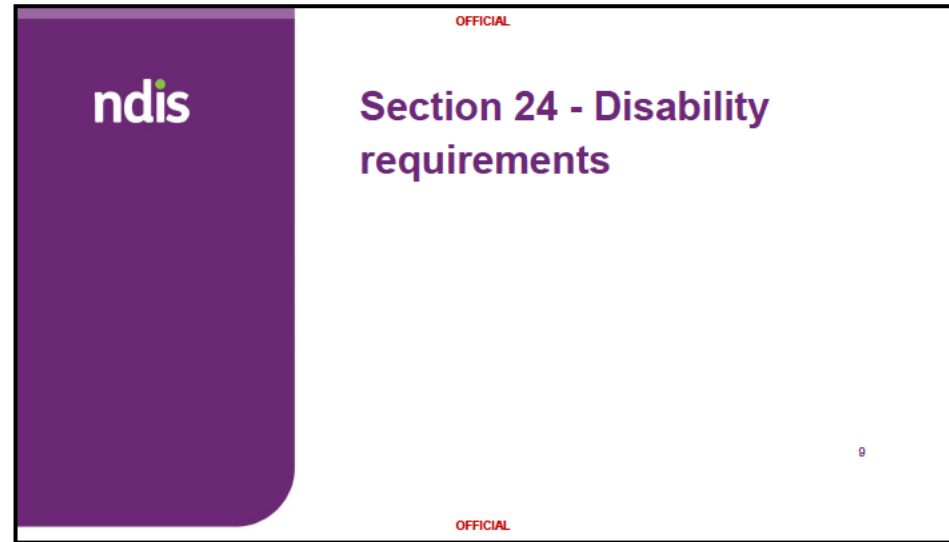
- develop a broad understanding of the access eligibility requirements for accessing the NDIS
- build confidence in navigating the Intranet and sourcing information in Our Guidelines
- enhance your critical thinking skills while reviewing evidence
- develop an understanding of streamlined access processes
- understand the final tasks involved in making and communicating your decision.

Click [to go to next slide]



Facilitator notes:

[The purpose of this section is for new starters to gain an introduction to the Disability and Early Intervention requirements, and to build their confidence navigating the Intranet and sourcing information in Our Guidelines. Section 24 and Section 25 will be explored in more depth in later weeks.]



Facilitator notes:


[The purpose of this section is for new starters to gain an introduction to the Disability requirements, and to build their confidence navigating the Intranet and sourcing information in Our Guidelines. Section 24 and Section 25 will be explored in more depth in later weeks.]

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Disability requirements (s24)

(1) A person meets the disability requirements if:

- (a) The person has a disability due to intellectual, cognitive, neurological, sensory, physical, or psychosocial impairments; and
- (b) The impairment is, or is likely to be, permanent; and
- (c) The impairment results in substantially reduced functional capacity
- (d) The impairment affects the person's capacity for social or economic participation; and
- (e) The person is likely to require NDIS supports for their lifetime.



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Facilitator notes:

Say

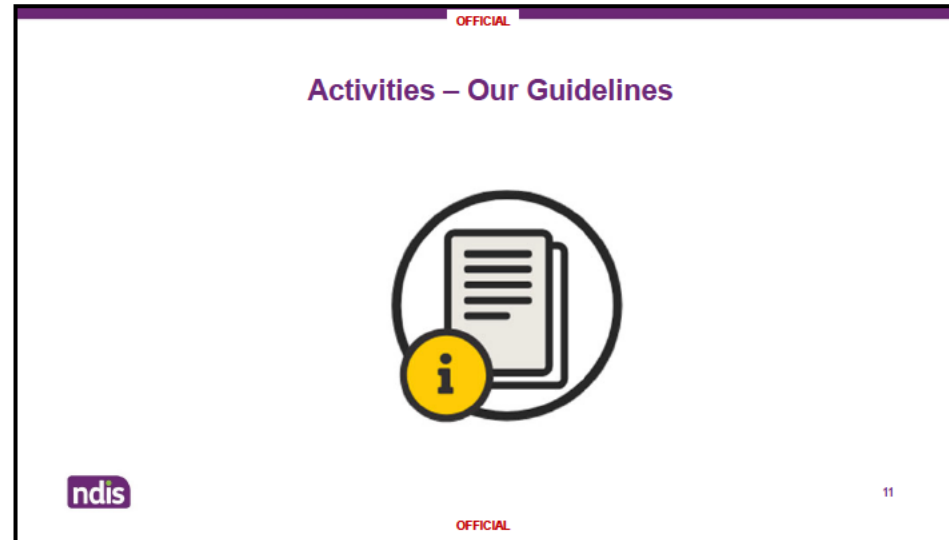
In this part, we'll explore the disability requirements for accessing the NDIS, as outlined in Section 24 of the NDIS Act.

You can see the relevant subsections on the slide.

In summary, Section 24 of the NDIS Act specifies that to access the NDIS, a person must have a permanent impairment that significantly reduces their ability to perform daily activities such as communication, social interaction, learning, mobility, self-care, or self-management. Additionally, they must require lifelong support under the NDIS.

We'll do a range of activities aimed at building your knowledge on these requirements and your confidence in navigating the Intranet and sourcing information in Our Guidelines.

Click [to go to next slide]



Facilitator notes:

[Facilitator to demonstrate navigating to the correct area of the OGs noting that the website may have undergone changes.]

Say

Now we're going to do some activities. In these activities, you will need to navigate to Our Guidelines. I will show you how to do this now.

[Share your screen and follow the steps below whilst explaining the steps to the learners.]

- Go to the Access page on the intranet by opening a new tab on your browser, hovering over 'Service Delivery' and selecting 'Access'.
- Scroll down slightly and select 'NDIS Operational Guidelines (external)'.
- Scroll down and select 'Applying to the NDIS'.


- Scroll down. You'll see that there are 2 versions of our 'Applying to the NDIS' guidelines. They are 'Applying to the NDIS' and 'Applying to the NDIS – Pre-legislation changes'. For these activities, we will select the first one, 'Applying to the NDIS'.

In each activity, you will navigate to a different section within Our Guidelines.

Click [to go to next slide]

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Activity one - Disability requirements



Section 24(1)(a)

The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical **impairments** or to one or more impairments attributable to a psychiatric condition.

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Facilitator notes:

[This slide introduces new starters to the Disability and Early Intervention requirements. There is also an activity where you will paste questions into the chat. When pasting the questions, right click and select 'Paste as plain text'.]

Activity: *[Learners navigate the intranet and source information in Our Guidelines.]*

Say

Let's begin with the Disability Requirements. For this activity, navigate to the sub-heading 'Do you meet the disability requirements?'

Paste in chat

[Question 1: How would you explain 'impairment' in plain English?

Question 2: What does the Agency think about when considering an applicant's disability?

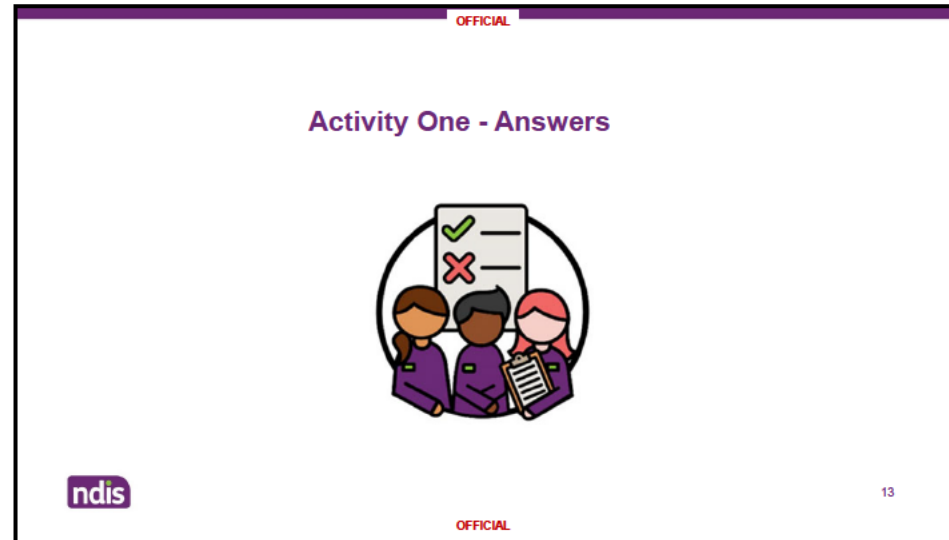
Question 3: Define the following impairments: intellectual, cognitive, neurological, sensory, physical.

Question 4: True or False? Diagnostic evidence will generally be required to determine whether a person has a disability caused by an impairment.

Question 5: How important is the cause of an applicant's impairment?]

[Give learners 10 mins to complete activity. Answers on next slide.]

Click [to go to next slide]



Facilitator notes:

[Bring the group back and go through their responses using the answers and additional debrief points below.]

Say

Section 24(1)(a) : The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition.

Question 1: How would you explain 'impairment' in plain English?

Pause *[for answers]*

Loss of, or damage to, a physical, sensory or mental function.

Question 2: **What does the Agency think about when considering an applicant's disability?**

Pause *[for answers]*

When considering an applicant's disability, we think about whether any reduction or loss of ability to do things, across all life domains, **is because of an impairment.**

Pause *[for answers]*

Question 3: **Define the following impairments: intellectual, cognitive, neurological, sensory, physical.**

Answer:

- intellectual – how a person speaks and listens, reads and writes, solves problems, and processes and remembers information
- cognitive – how a person thinks, learns new things, uses judgment to make decisions, and pays attention
- neurological – how the body functions
- sensory – how a person sees or hears
- physical – the ability to move parts of the body

Question 4

True or False?

Diagnostic information will generally be required to determine whether a person has a disability attributable to an impairment.

Answer: True. Whilst the NDIA is not diagnostically driven, an Access Delegate requires evidence from a relevant Treating Health Professional to make the access decision. It is important to note that we cannot request that an applicant undergoes an assessment to determine a diagnosis.

Question 5

How important is the cause of an applicant's impairment?


Answer:

It doesn't matter what caused the applicant's impairment, for example if they've had it from birth, or acquired it from an injury, an accident or a health condition.

***Click* [to go to next slide]**

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Activity Two – Disability requirements



Section 24(1)(b)
The impairment or impairments are, or are likely to be, **permanent**

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Facilitator notes:

[This slide contains an activity where learners will navigate to Our Guidelines. You will need to paste questions into the chat.]

Say

To complete this next activity, you need to refer to the sub-heading ‘Is your impairment likely to be permanent?’

Section 24(1)(b): the impairment or impairments are, or are likely to be, permanent.

Paste in chat

[Question 1: True or False? A disability is, or is likely to be, permanent only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to

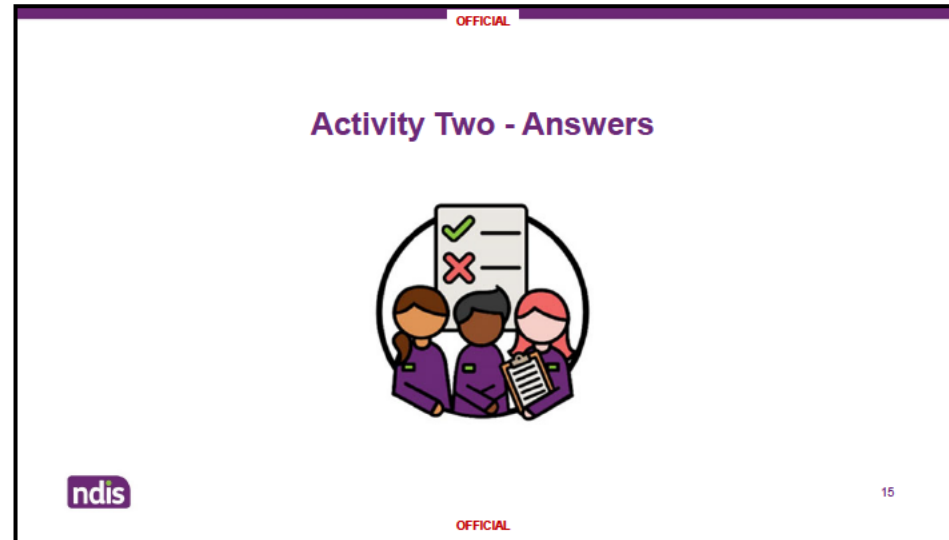
remedy the impairment.

Question 2: If a disability varies in intensity, could it still meet permanence criteria despite the variation? For example – impairments that are of a chronic episodic nature.

Question 3: What evidence would you need to sight to be satisfied that the disability is permanent, or likely to be permanent?]

[Allow learners 10 minutes to complete the activity. Answers on next slide.]

Click [to go to next slide]



Facilitator notes:

[Bring the group back and go through their responses using the answers and additional debrief points below.]

Say

Section 24(1)(b): the impairment or impairments are, or are likely to be, permanent.

Question 1: True or False?

An impairment is, or is likely to be, permanent only after all available

and appropriate treatment options have been pursued.

Pause *[for answers]*

True. If there is a potential treatment which may reduce, or eliminate, disability related functional impacts this must be explored before the impacts are considered permanent.

However, if treatment has been explored or is in progress, and a relevant Treating Health Professional verifies the impairment will remain irrespective of the treatment outcome, permanence would be met.

This is particularly relevant for a person with a psychosocial disability who may still be receiving clinical treatment.

Question 2: If a disability varies in intensity, could it still meet permanence criteria despite the variation? For example – impairments that are of a chronic episodic nature.

Pause *[for answers]*

Yes. An impairment may also be permanent even if the severity of its impact on the functional capacity of the person, may fluctuate or improve.

An impairment might still be considered permanent due to the overall impact on a person's life, and the likelihood of lifetime impact.

Impairments of a degenerative nature are also permanent, or likely to be, if medical / other treatments haven't, or are unlikely to improve it.

Question 3: What evidence would you need to sight to be satisfied that the disability is permanent, or likely to be permanent?

Pause [*for answers*]

That:

- There are no known, available, appropriate and evidence-based treatments likely to remedy the impairment
- An impairment that varies in intensity is permanent despite the variation
- The impairment is permanent despite the fact that its functional impacts may fluctuate or improve
- Further treating or medical review is not required to demonstrate that the impairment is permanent
- No further medical or other treatment would be likely to improve an impairment that is degenerative in nature

This is matter of judgment but what the Becoming a Participant Rules are trying to do is rule out cases where the permanency or likely permanency has not been established because the person requires further medical treatment or review before the permanency or likely permanency can be demonstrated.

This does not mean that an impairment will not be permanent or likely to be permanent if it requires further medical treatment or review.


In some cases, an impairment may continue to be treated and reviewed after it has been demonstrated that is permanent or likely to be permanent.

If a relevant Treating Health Professional verifies disability related functional impacts will remain irrespective of the treatment outcome, permanence would be met.

Click [to go to next slide]

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Activity Three – Disability requirements



Section 24(1)(c)

The impairment or impairments result in **substantially reduced functional capacity** to undertake, or psychosocial functioning in undertaking, one or more of the following activities:

- (i) communication;
- (ii) social interaction;
- (iii) learning;
- (iv) mobility;
- (v) self-care;
- (vi) self-management

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Facilitator notes:

[This slide contains an activity where learners will navigate to Our Guidelines. You will need to paste questions into the chat.]

Say

To answer these questions, you need to refer to the sub-heading ‘Does your impairment substantially reduce your functional capacity?’

Section 24(1)(c): the impairment or impairments, result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities:

- Communication
- Social interaction

- Learning
- Mobility
- Self-care and
- Self-management

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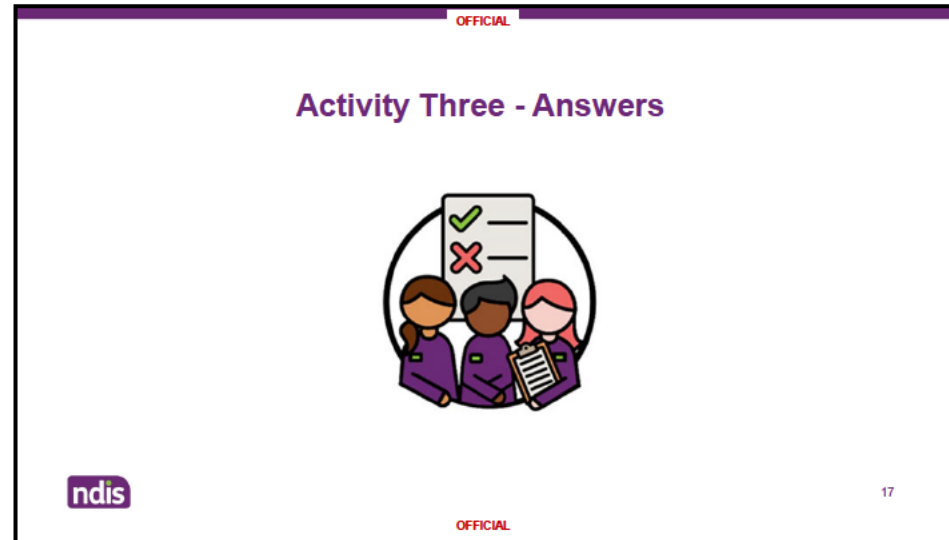
[Question 1: A person's impairment is considered to result in substantially reduced functional capacity if they usually need disability specific supports to undertake activities in the areas of communication, social interaction, learning, mobility, self-care and self-management (if older than 6). What are some examples of disability specific supports?]

Question 2: Which factors does the Agency consider when deciding if an applicant's impairment substantially reduces their functional capacity?

Question 3: How would an Access Delegate determine if an applicant's hearing impairment leads to a substantially reduced functional capacity?]

[Allow 5 minutes for learners to answer the questions. Answers on next slide.]

Click [to go to next slide]



Facilitator notes:

[Bring the group back and go through their responses using the answers and additional debrief points below.]

Say

Section 24(1)(c): the impairment or impairments, result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities:

- Communication
- Social interaction
- Learning
- Mobility
- Self-care and

- Self-management

Question 1: A person's impairment is considered to result in substantially reduced functional capacity if they usually need disability specific supports to undertake activities in the areas of communication, social interaction, learning, mobility, self-care and self-management (if older than 6).

What are some examples of **disability specific supports**?

Pause [*for answers*]

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

Question 2: Which factors does the Agency consider when deciding if an applicant's impairment substantially reduces their functional capacity?

Pause [*for answers*]

The Agency considers how the applicant might be involved in different areas of life, like home, school, work and the community, and how tasks and actions are carried out in those contexts.

Question 3: **How would an Access Delegate determine if an applicant's hearing impairment leads to substantially reduced functional capacity?**

Pause [*for answers*]

Generally, hearing loss would be considered substantial if the loss is at least 65 decibels in the better ear based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

Pause

It is important to note that the guideline requires us to consider substantially reduced functional capacity in relation to impairments that are **permanent**.

This means we need to consider whether any substantial reduction is attributable to an impairment that **meets the permanency criteria**.


Click [to go to next slide]

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Activity Four – Disability requirements

Section 24(1)(d)
The impairment or impairments affect the person's capacity for social or economic participation

Section 24(1)(e)
The person is likely to require NDIS supports under the National Disability Insurance Scheme for the person's lifetime



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Facilitator notes:

[This slide contains an activity where learners will navigate to Our Guidelines. You will need to paste questions into the chat.]

Say

To answer these questions, you need to refer to the sub-headings: 'Does your impairment affect your social, work or study life?' and 'Will you likely need support under the NDIS for your whole life?'

We will now look at:

Section 24(1)(d): the impairment or impairments affect the person's capacity for social or economic participation and;

Section 24(1)(e): the person is likely to require NDIS support under the National Disability Insurance Scheme for the person's lifetime

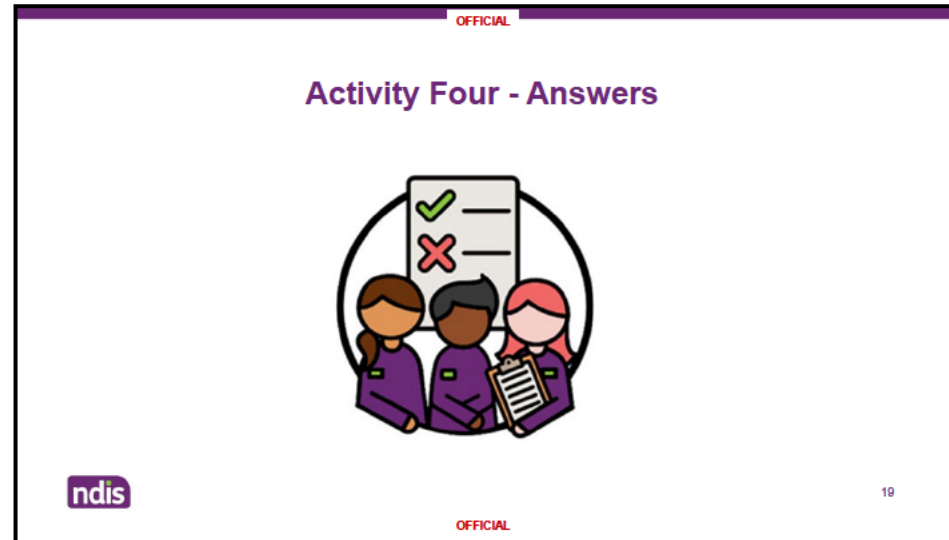
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[Question 1: Give an example of how a person's capacity for social and economic participation may be affected?

Question 2: True or False? If an impairment varies in intensity (for example, because the impairment is of a chronic episodic nature) the person is unlikely to meet Section 24(1)(e).]

[Allow 5 minutes for learners to answer the questions. Answers on next slide.]

Click [to go to next slide]



Facilitator notes:

[Bring the group back and go through their responses using the answers and additional debrief points below.]

Say

Question 1: Give an example of how a person's capacity for social and economic participation might be affected?

Pause *[for answers]*

- Barriers to joining sporting activities or accessing movie theatres
- Difficulties in finding and keeping a job
- Challenges with spending and saving money

Question 2: True or False? If an impairment varies in intensity (for example, because the impairment is of a chronic episodic nature) the person is unlikely to meet Section 24(1)(e).



Pause [*for answers*]

False. Even if a person's needs go up and down over time, or happen episodically, we may still consider it's likely they'll need lifetime support under the NDIS.

Click [to go to next slide]

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What evidence should be provided?



Disability Requirements:

- Confirm permanent impairment
- Impact on functional capacity

Early Intervention Requirements:

- Confirm permanent impairment
- Need for early intervention

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Facilitator notes:

Say

What type of evidence do you need to see as an assessor to determine eligibility?

For the disability requirements, we need evidence to confirm a person's permanent impairment and evidence about how this impacts their functional capacity.


For the early intervention requirements, we need evidence to confirm a person's permanent impairment and evidence that confirms their need for early intervention.

Click [to go to next slide]

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How old should evidence be?

Permanent impairment confirmation: Evidence from any age is acceptable.	Current circumstances: Recent evidence ensures understanding of current support needs.
Functional capacity impact: Evidence should be from the last 12 months.	Weighing evidence: Newer evidence is generally given more weight. Lack of updated evidence may affect eligibility.



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Facilitator notes:

Say

How old should evidence be?

When assessing evidence for NDIS eligibility, it's important to understand a few key points.

First, evidence from a person's doctor or specialist to confirm their permanent impairment can be from any age.

However, when it comes to how their impairment impacts their functional capacity, the evidence should be from the last 12 months.

This is because a person's functional capacity can change over time, even if their impairment does not. Having up-to-date evidence helps us understand their current support needs accurately.

If an applicant provides multiple pieces of evidence, we generally give more weight to the newer evidence. Older evidence might require additional information to support it.
If updated evidence is not provided, it could affect the applicant's eligibility for the NDIS.

By following these guidelines, we ensure that our decisions are fair and based on the most current information available.


Click [to go to next slide]

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Who should provide evidence?

We generally prefer evidence from a treating professional who:

- Is the most appropriately qualified to provide evidence of the primary disability.
- Has treated the person for at least six months.
- Is registered to practice in Australia or New Zealand.
- Provides original, genuine, and specific disability evidence (e.g. a medical report).



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Facilitator notes:

Say

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:


- is the most appropriately qualified person to provide evidence of your primary disability
- has treated the person for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to the individual.

Click [to go to next slide]

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Confidence in decision making

- Leverage your professional background and life experience.
- Set aside personal biases.
- Avoid procrastination due to fear of mistakes.
- Confidence in decision-making will grow with experience.



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Facilitator notes:

Say

Confidence in your decision-making ability is crucial. Sometimes, you may lack complete information or face different interpretations.

Your professional background and life experience will influence your decisions. Recognizing this influence is key to becoming an insightful delegate.

It's essential to set aside personal biases and base your decisions on the available evidence.

Don't procrastinate out of fear of making mistakes. Learning to apply our legislation and make legally sound decisions is a process. Your skills and confidence will grow with experience.

Remember, you will receive further training and support to build your decision-making confidence.

Click [to go to next slide]



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Streamlined requirements

Lists designed to streamline the access process:


List A – conditions which are likely to meet the disability requirements of s24

List B – permanent conditions for which functional capacity is variable

List D – permanent impairment/early intervention, under 7

Other streamlined processes:

Hearing 0-25



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Facilitator notes:

Say

The NDIA has developed lists of conditions which are designed to streamline the access process in certain cases.


There is also a streamlined process for people aged 0-25 with hearing impairments.

We won't go into detail about the streamlined hearing requirements now, but it is important to be aware of this approach. You can find more information about these requirements in Our Guidelines – Applying to the NDIS, under the heading 'How will early intervention help you?'

Click [to go to next slide]

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List A, B, and D



Lists designed to streamline the access process:

- List A – conditions which are likely to meet the disability requirements of s24
- List B – permanent conditions for which functional capacity is variable
- List D – permanent impairment/early intervention, under 7

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Facilitator notes:

Say

We are now going to look at the other streamlined lists; List A, B and D.

[Refer learners to locate List A on the NDIS website.]

List A describes conditions which are likely to meet the disability requirements in section 24 of the NDIS act.

This means that conditions on this list will generally meet the disability requirements without any further assessment.

What are some examples of conditions on List A?

Pause *[for answers]*

[Any conditions listed on List A are acceptable.]

[Refer learners to locate List B.]

List B describes permanent conditions for which functional capacity is variable.

This means conditions on this List likely meet the requirements of Section 24 (1)(a) and (b) but further assessment of the remaining disability requirements is required.

What are some examples of conditions on List B?

Pause *[for answers]*

[Any conditions listed on List B are acceptable.]

List D describes permanent impairments that likely meet the early intervention requirements without any further assessment. List D only applies to children under the age of 7.

[Refer learners to locate List D.]

What are some examples of condition on List D?

Pause *[for answers]*

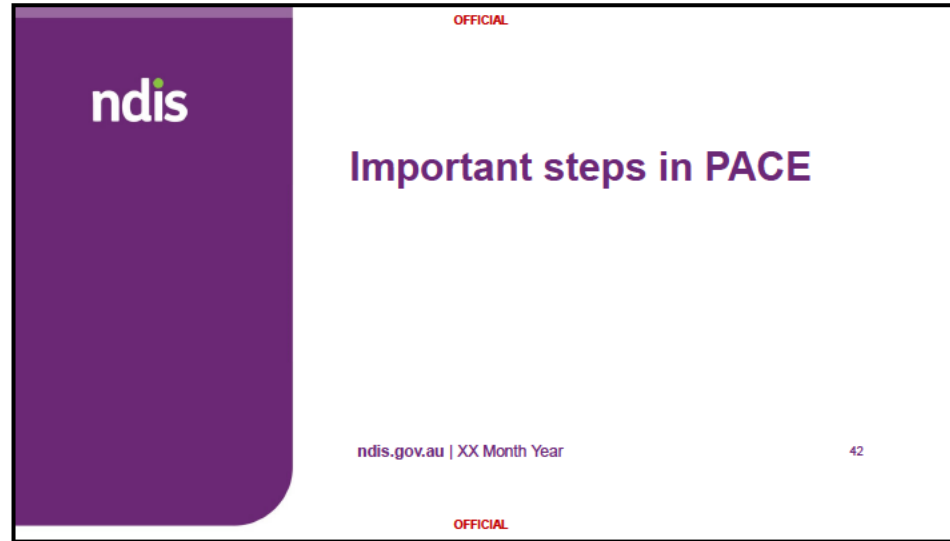
[Any conditions on List D are acceptable.]

For List A and List D, no further evidence is required to satisfy the DIS and EI criteria respectively for conditions on these lists.

For List B, impairment and permanency are satisfied but further evidence of functional capacity is required to determine if the disability or early intervention requirements are met.

After verifying age and residency, you will then consider whether the applicant has an impairment on one of these Lists before proceeding to assessing the remaining access requirements.

Click [to go to next slide]




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First step: Check for active review

- Check for an active review before progressing an access decision case.
- Don't progress an access decision case if an applicant has an active review
- If an applicant has an active review, refer to guidance

[Access Assessor OneNote \(sharepoint.com\)](#)



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Facilitator notes:

Say

Certain decisions made by the NDIA carry formal rights of review under the NDIS Act.

This means if an applicant does not agree with certain decisions, they can request that the decision outcome be reviewed.

Internal reviews of access decisions are called s100s and are completed by the Access Internal Review Team.

If the applicant disagrees with the internal review decision, they may request an external review. External reviews are completed by the Administrative Review Tribunal (ART).

Pause

When working on an access decision, we need to check if there's an active review of a Revocation or Access Not Met decision. This could be an internal review (s100) or an external review (ART).

If there **is** a review of an access decision in progress, we **cannot** proceed with the access decision case. You will need to refer to guidance to notify the appropriate team that a new access request cannot be submitted when there is an active review of access in place.

Click [to go to next slide]