



How to prepare an NDIS application

Assessment and Referral Team



Background

- Assessment and Referral Team supported over 3,000 Queenslanders to access the National Disability Insurance Scheme between February 2020 and June 2022
- Total combined plan value of \$382 million for more than 3,000 clients
- 44% of people supported to access the scheme by ART had a previous unsuccessful attempt
- Queensland Government has funded ART in 2022-23 with a renewed focus supporting at-risk children and young people aged 7-25 to access the NDIS
- A key components of ART's renewed focus is to build the capacity and capability of Queensland Government agencies and the sector to engage in NDIS access related activities.

To refer to ART

- Visit: dsdsatsip.qld.gov.au/art
- Call: 1800 569 040
- Email: ARTenquiries@dsdsatsip.qld.gov.au

Disclaimer

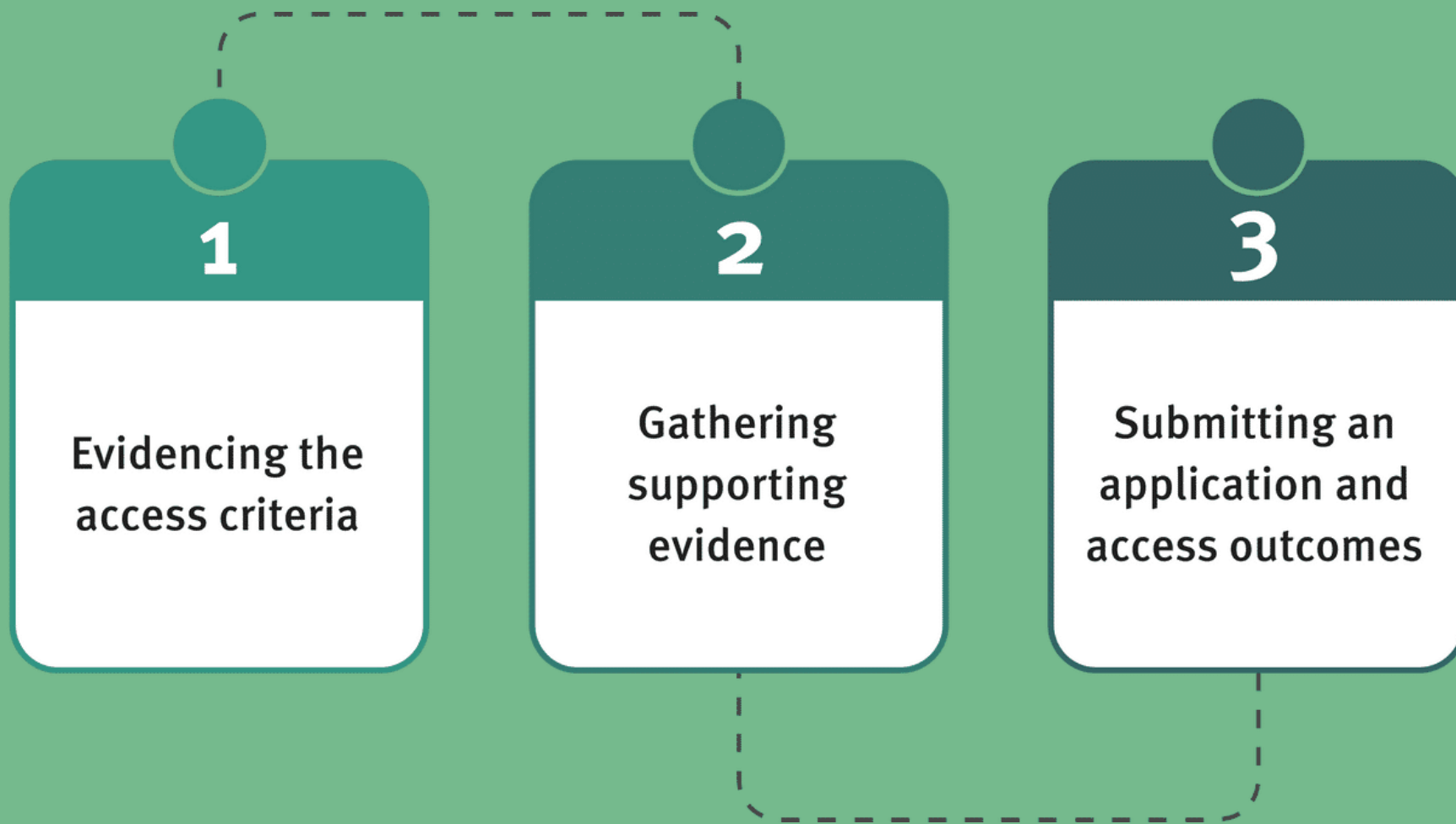
The information provided in this presentation is based on key learnings identified during the ART implementation to date.

Learning objectives

At the end of this webinar, you will better understand:

- what is required to meet NDIS access criteria
- the key components of the Access Request Form (ARF)
- diagnosis and proving permanence of disability
- how to evidence day to day significant functional impact
- how to prepare a Carer Impact Statement
- how to lodge the completed NDIS application.

NDIS application process



How does ART complete an application?

- Complete the NDIA's Access Request Form (ARF)
- Collect documentation to confirm diagnosis and permanence of disability
- Capture functional impact information
- Consider the use of a carer impact statement.

Access Request Form (ARF)

The Access Request Form (ARF) can be accessed by:



downloading a copy from the NDIA's website



calling 1800 800 110 and requesting a hard copy in the mail



progressing a Verbal Access Request by calling 1800 800 110.

Supporting information



recent engagement with a medical professional



treatments and outcomes of recommended treatments



confirmed diagnosis



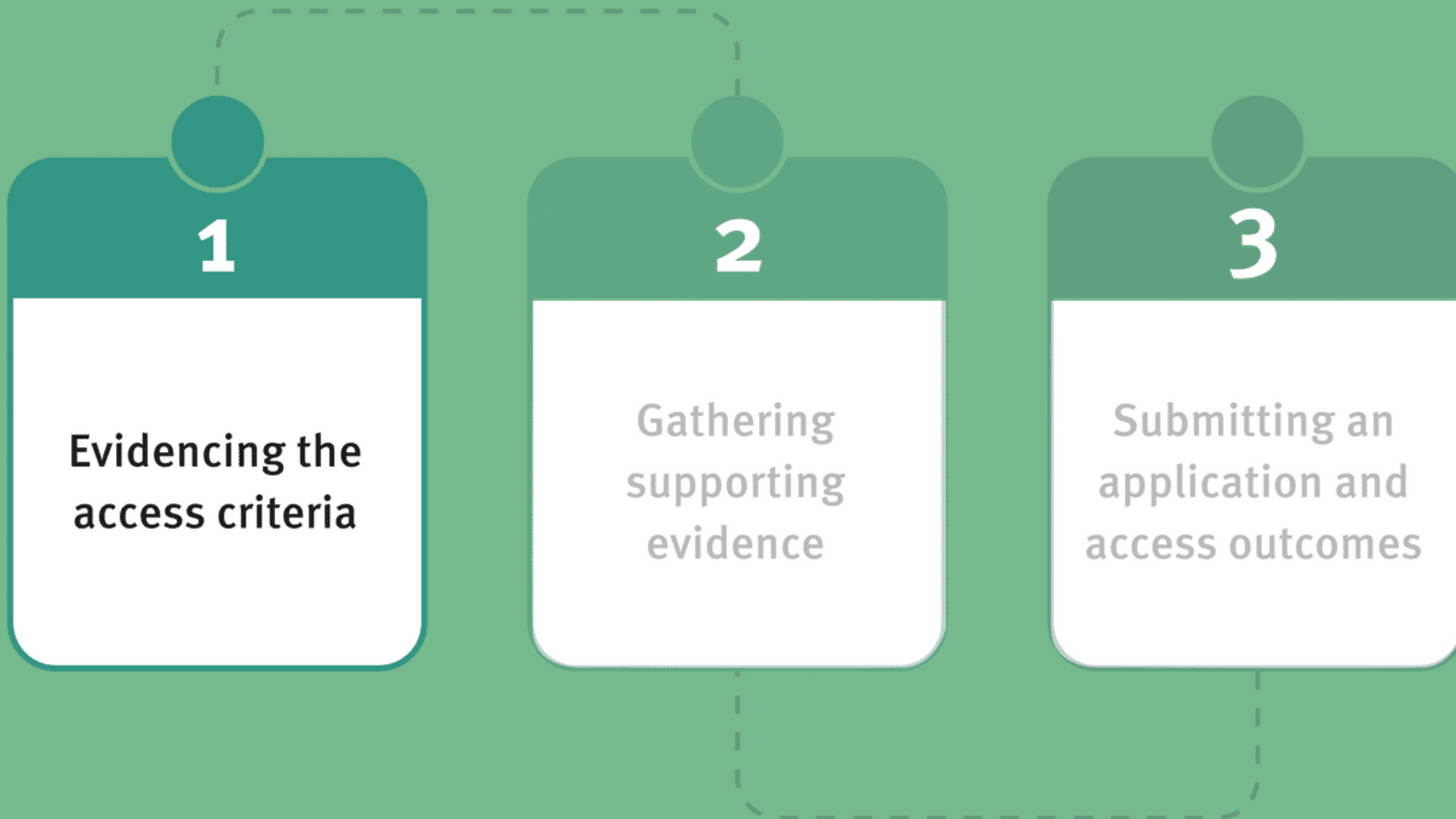
Carer Impact Statement



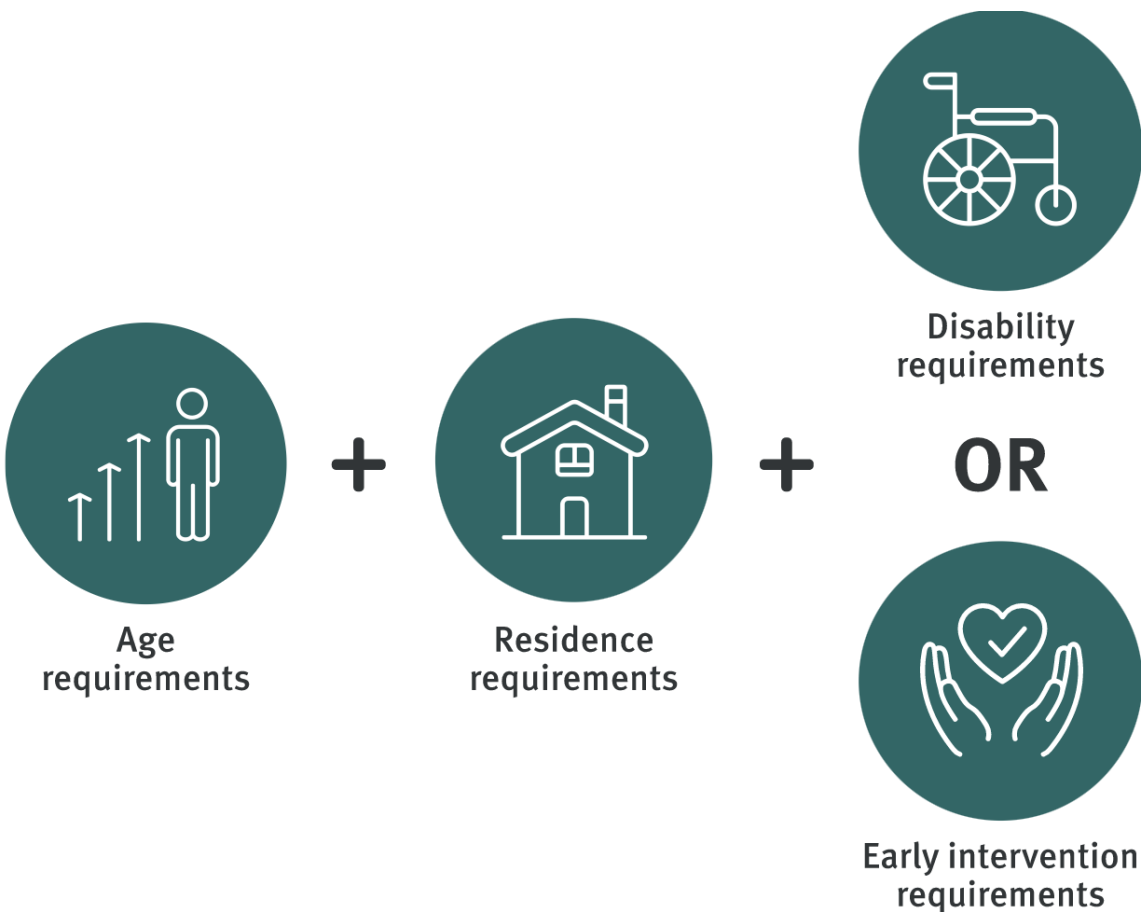
significant functional impact



other (including diagnostic assessment reports).



Access criteria requirements



- *age requirements (section 22); and*
<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-age-requirements>
- *residence requirements (section 23); and either the*
<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-residence-requirements>
- *disability requirements (section 24); or*
<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-disability-requirements>
- *early intervention requirements (section 25);*
<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-early-intervention-requirements>

Confirming personal details

- When the NDIA receives an Access Request Form the first part of the process is to confirm the age and residency details of the person by completing a match of the listed name, date of birth and address with the Centrelink database
- If the supplied personal information does not match the Centrelink database there will be a request for further information to clarify
- To respond to the request, personal information can be updated directly with Centrelink, in MyGov or proof of identity documentation can be provided.

Disability requirements

To meet disability requirements the person must be able to evidence the following:

- 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
- their impairment/s are, or are likely to be, permanent
- their impairment/s result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following relevant activities:
 - mobility
 - communication
 - social interaction
 - learning
 - self-care
 - self-management
- their impairment/s affect their capacity for social and economic participation
- they are likely to require support under the NDIS for their lifetime.

Early intervention requirements

- If a person is unable to evidence the disability requirements, they may be eligible for the NDIS under early intervention requirements
- The intention of early intervention is to alleviate the impact of a person's impairment upon their functional capacity by providing support at the earliest possible stage, and to reduce their future needs for supports
- Early intervention can be accessed for both children and adults and is granted when the person is unlikely to require support for their lifetime.

Evidencing a diagnosed condition

The NDIA must be satisfied that a person's impairments are, or are likely to be, permanent. This key part of the process is heavily dependent on

- the person's diagnosis
- their treatment history
- their prognosis
- the type of evidence that is provided.

Intellectual disability

Good supporting evidence includes a letter or assessment report that clearly states:

- a diagnosis of intellectual disability in accordance with the DSM-5 criteria
- credentials of an appropriate allied health professional.

Examples of other supporting evidence include:

- letter from a medical professional
- guidance officer report
- evidence to support a Disability Support Pension (DSP) application.

Tips

*If a person has a **moderate, severe or profound intellectual disability** and they can provide good supporting evidence they will likely meet List A disability requirements and only require a diagnosis to gain access to the NDIS.*

*If a person has a diagnosis of a **mild intellectual disability**, evidence of significant functional impact will be required.*

Autism Spectrum Disorder (ASD)

Good supporting evidence includes a letter or assessment report that clearly states:

- a diagnosis of ASD in accordance with the DSM-5 criteria
- the level of ASD (1, 2 or 3)
- credentials of a specialist multidisciplinary team, paediatrician, psychiatrist or clinical psychologist.

Tips

*If a person has **ASD level 2 or level 3** and they can provide good supporting evidence they will likely meet List A disability requirements and only require a diagnosis to gain access to the NDIS.*

*If a person has a diagnosis of **ASD level 1 (requiring support), ASD with no level, pervasive development disorder or Asperger's syndrome**, evidence of significant functional impact will be required.*

Psychosocial disability

To prove permanence of a psychosocial disability, the person will need to evidence the following:

- a history of active treatment and current engagement with a psychiatrist, psychologist and/or mental health treating team
- all treatment options have been explored and outcomes of treatment are identified.

Tip:

*It is difficult to prove permanence of psychosocial impairment in children and young people. More information is provided in the section of this webinar: **Young people with disability**.*

Psychosocial disability

Condition	Evidence
Bipolar	<p>History of active and current treatment and engagement with a psychiatrist or psychologist, including trialled interventions and detailed outcomes, over a period of 12 months or more.</p> <p>Tip: Anecdotal evidence indicates dialectical behaviour therapy (DBT), and associated outcomes are required to evidence permanence of borderline personality disorder.</p>
Borderline personality disorder (BPD)	
Generalised anxiety disorder (GAD)	
Major depressive disorder (MDD)	
Post-traumatic stress disorder (PTSD)	
Schizophrenia/Schizoaffective disorder	<ul style="list-style-type: none"> • letter from a treating professional or medical professional identifying current treatment including medication and/or depot injections • trialled interventions including medications and outcomes should be identified • functional capacity assessment may be required to demonstrate significant functional capacity.

Physical impairment

To prove permanence of a physical impairment, the person will need to evidence that all medical treatment options are exhausted, including:

- surgery
- therapy
- medication
- pain management.

Tip:

Many physical impairments cause subsequent pain therefore it is important to demonstrate a pain management clinic/specialist has been engaged, with outcomes provided, to evidence permanence.

Physical impairment

Condition	Evidence
Osteoarthritis	
Spinal or disk generation	<ul style="list-style-type: none">• surgeon to evidence all surgical treatment options are exhausted• pain management clinic/specialist explored and recommendations completed• therapies and treatments including steroid injections and nerve block medications.
Rheumatoid arthritis (RA)	
Ehlers-Danlos syndrome (EDS)	<ul style="list-style-type: none">• rheumatologist to evidence permanence• pain management clinic/specialist explored and recommendations completed• medication.
Fibromyalgia	
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none">• pulmonologist to evidence permanence• evidence of Stage IV (very severe)• 24/7 oxygen required.

Acquired brain injury or Traumatic Brain Injury

To evidence an acquired brain injury (ABI) or traumatic brain injury (TBI) a person should provide the evidence listed below.

A letter, report or hospital discharge summary prepared by an acquired brain injury medical professional detailing the following:

- how the acquired brain injury or traumatic brain injury was obtained
- results of testing to determine the extent of the brain injury
- evidence of rehabilitation and outcomes
- prescribed aids and equipment
- care and need scale (CANS) (17 years and over), if available
- likely long-term outcome.

Tip

If providing a hospital discharge summary, ensure it lists the credentials of a neurologist or other acquired brain injury health professional to prove permanence.

Neurological impairment

To prove permanence of a neurological impairment, the following evidence should be provided:

- Letter, report or hospital discharge summary prepared by a neurologist detailing:
 - diagnosed condition
 - length of time engaged with the person
 - treatment options and outcomes
 - prescribed aids and equipment
 - likely long-term outcomes.
- Pain management clinic or specialist explored and recommendations completed.

Conditions can include: Alzheimer's disease, Motor neurone disease, Peripheral neuropathy.

Tip

Consider apraxia of speech as a neurological impairment rather than a speech and language impairment.

Hearing impairment

- To evidence a hearing impairment, a hearing acuity test should demonstrate permanent bilateral hearing loss > than 65 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz)
- The NDIS may consider hearing levels less than 65 decibels if there is another permanent impairment, such as a vision or cognitive impairment or there is evidence the speech detection and speech discrimination outcomes are significantly poorer than expected.

Tip:

Children and young people aged 0-25 with a hearing impairment may meet early intervention requirements if they can evidence the following:

- *Aged between 0-25*
- *Have an auditory neuropathy or hearing loss of at least 25 decibels in either ear or 2 or more adjacent frequencies.*

Vision impairment

To evidence a vision impairment, permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist should demonstrate:

- corrected visual acuity (extent to which an object can be brought into focus): vision must be less than or equal to 6/60 in both eyes on the Snellen Scale, or
- constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less), or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

Tip

A visual acuity report is required to evidence a permanent vision impairment.

Young people with disability

Conditions that meet NDIS disability criteria can be different for children and young people with disability.

The following conditions are likely to meet NDIS disability criteria:

- Intellectual disability
- Acquired brain injury
- Rett Syndrome
- Noonan Syndrome
- Angelman Syndrome
- Prader-Willi Syndrome
- Autism Spectrum Disorder
- Fetal Alcohol Spectrum Disorder
- Cerebral Palsy
- Huntington's Disease
- Down Syndrome
- Spina Bifida

Young people with disability

The following conditions are unlikely to meet NDIS disability criteria:

- Reactive attachment disorder (RAD)
- Oppositional defiant disorder (ODD)
- Trauma
- Speech and language impairment (in isolation)
- Attention deficit hyperactivity disorder (ADHD).

Tip

If you are supporting a young person with ASD, try to remove any of the conditions listed above from diagnostic evidence as it may prompt the access assessor to consider if functional impact is attributed to the ASD or the other condition noting the close linkage.

Psychosocial disability and young people

It may be difficult to evidence permanence of a psychosocial disability in children and young people aged 7-25.

The same conditions listed in the section 'psychosocial disability' could meet NDIS disability criteria in a young person however the following will be required:

- a psychiatrist to evidence a minimum of three years ongoing and active engagement
- a clinical psychologist and/or mental health treating team to provide treatment history and outcomes where applicable.

Tip

If the young person has a diagnosis of borderline personality disorder, dialectical behaviour therapy (DBT) or a similar treatment will need to be engaged in, evidenced, and outcomes reported.

Comorbidities

- When progressing an NDIS application it is important to only include the condition/s that can be evidenced as permanent
- Submitting an NDIS access application that references multiple conditions that cannot be proven as permanent can have a detrimental impact on the overall success of the application
- Do not list medical or other conditions that are not NDIS eligible for example diabetes, epilepsy, obesity, other eating disorders, substance misuse.
- Do not list medications that are not specific to the condition that you can evidence as permanent
- Functional impact can be perceived to be attributed to the non-NDIS eligible conditions rather than the NDIS eligible conditions.

Comorbidities

Considerations for comorbidities:

- Does the person have more than one condition that impacts their day to day life?
- Can more than one condition be evidenced as a permanent disability?
- Does the person experience significant functional impact as a result of the listed disability?

If you answered **yes** to each of the questions above, you could consider progressing an application to the NDIS for a person with comorbidities.

Tip

Identify the disability or impairment that impacts the person the most on a day-to-day basis, as the primary disability.

Case Study: comorbidities

- Sarah has a diagnosis of Borderline Personality Disorder and Osteoarthritis.
- Treatments for the Borderline Personality Disorder include:
 - Psychologist of 2 years
 - Psychotherapy
 - Has not yet engaged in Dialectical Behaviour Therapy and other prescribed treatments.
- Treatments for Osteoarthritis include:
 - Engaged with various health professionals for over 15 years
 - No surgical options remaining and surgeon available to evidence
 - Pain management options exhausted and outcomes documented
 - Taking prescribed medications and engaging in therapy to maintain a baseline functional capacity.
- How would you proceed with the application?

Case Study: comorbidities

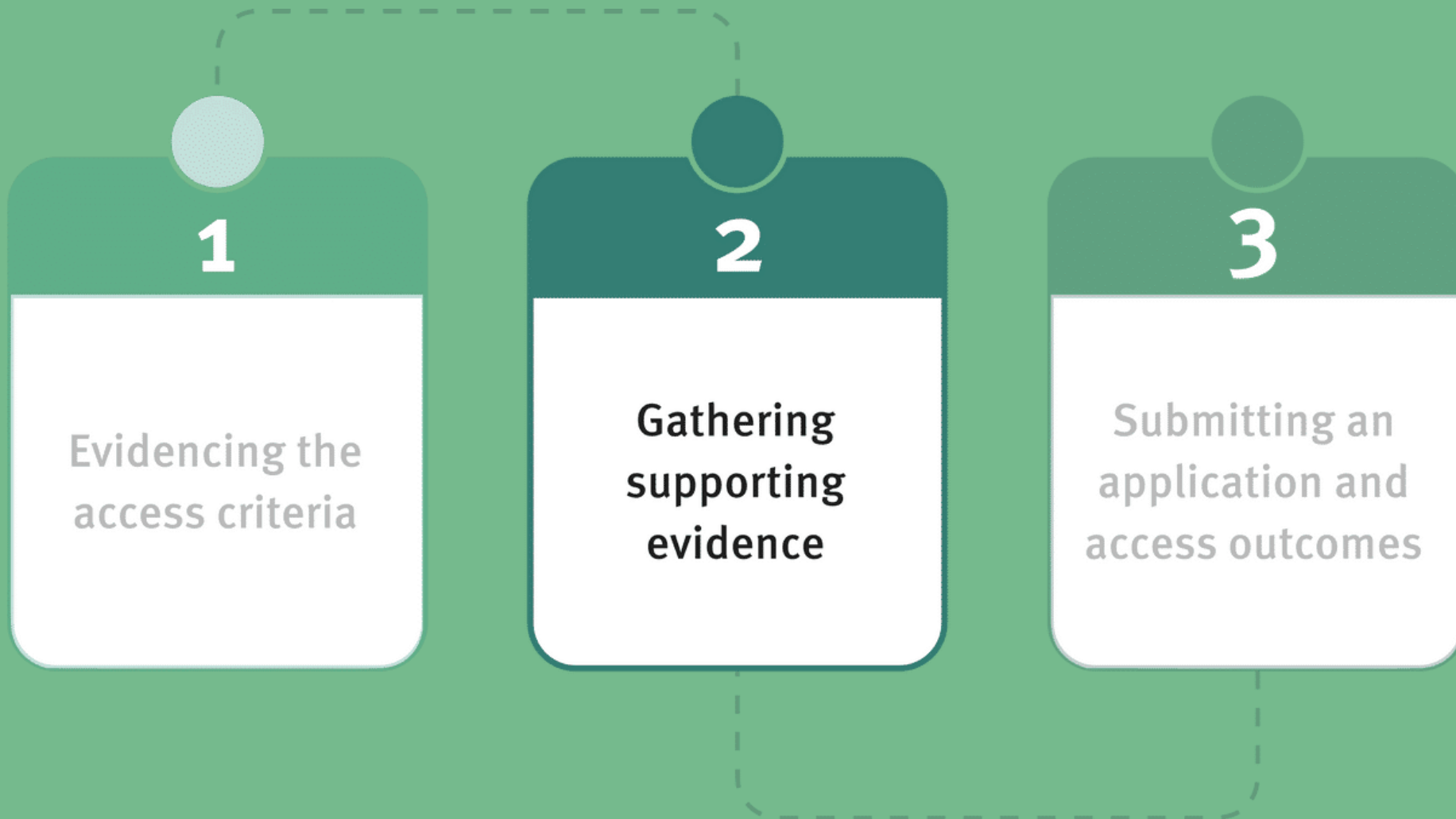
- Progress the application with a physical impairment as a result of a diagnosis of Osteoarthritis
- Provide letter/report from Surgeon detailing past surgeries and clearly stating that no surgical options are available to remedy the permanence of the physical impairment
- Provide letter/report from Pain Management specialist detailing prescribed pain management treatments and outcomes of treatment
- A letter detailing medication and current therapies that are actively engaged in to support the person to maintain a baseline functional capacity.

Case Study: comorbidities

- Why can't Sarah include her diagnosis of Borderline Personality Disorder?

Although Sarah has engaged with a psychologist for a period of 2 years, she has only engaged in one treatment option and not other prescribed treatment options, thus a permanent psychosocial disability cannot be evidenced.

Should Sarah engage in prescribed treatment over the recommended period of time, she could submit evidence to her LAC or planner at a later date to access additional support through her NDIS plan.



1

Evidencing the
access criteria

2

Gathering
supporting
evidence

3

Submitting an
application and
access outcomes

Sourcing supporting evidence

Queensland Government agencies:

- Department of Children, Youth Justice and Multicultural Affairs (Child Safety and Youth Justice)
- Department of Justice and Attorney General (CourtLink, Legal Aid, Murri Court)
- Department of Communities, Housing and Digital Economy
- Department of Education
- Office of the Public Guardian
- Queensland Corrective Services
- Queensland Health and Mental Health
- The Public Trustee Queensland.

Other service systems:

- Services Australia (Centrelink)
- Solicitors and legal representatives
- Medical professionals
- Allied health professionals

Accessing a diagnostic assessment

There are a number of ways a diagnosis can be obtained. Consider the following options:

- University Psychology Clinic
- Mental Health Care Plan
- Chronic Disease Management Plan
- Local specialist/allied health professional.

Tip:

Make sure the diagnosis is given in accordance with the DSM-5 criteria where relevant.

Letter of diagnosis

A letter of diagnosis must be provided by a treating medical or allied health professional to evidence the person's disability.

The letter of diagnosis should include the following:

- length of time as a patient of the medical or allied health professional
- reinforce the permanence of the condition
- identify the type of impairment as a result of the diagnosed condition
- Reflect in accordance with the DSM-5 criteria where relevant
- indicate the person is at a baseline functional capacity.

Letter of diagnosis

Date

Treating professional's full name

Address

Specialty

Medical licence number

Dear National Disability Insurance Agency (NDIA),

Jim Smith has been a patient of mine for approximately 5 years.

Jim has a permanent physical impairment as a result of a diagnosis of osteoarthritis.

I can confirm that Jim's physical impairment is permanent in nature and there are no available treatment options remaining, including surgical, therapy and pain management, to remedy the permanence of Jim's impairment or improve his baseline functional capacity.

Sincerely,

Treating professional's signature

1

Length of time the person has been a patient of the medical professional

2

Identify the permanent disability or impairment

3

The type of impairment as a result of the diagnosed condition

4

Confirmation that the person is at a baseline functional capacity

Functional impact

When exploring the functional impact, you should:

- **talk with the applicant**, their decision-maker and any formal or informal supports to capture as much detail as possible
- **ask lots of prompting questions** and take notes to ensure the availability of comprehensive information
- **ensure the impact reflects the diagnosis** that is listed on the application and not that of conditions that cannot be evidenced, and therefore have not been included.

The six functional domains



MOBILITY

Can the person:

- get in and out of bed?
- mobilise in their home and in the community?



SOCIAL INTERACTION

Can the person:

- make and maintain friendships?
- engage with others in the community?



COMMUNICATION

Can the person:

- communicate effectively with others?
- communicate verbally and in the written sense?



SELF CARE

Does the person require assistance with showering, brushing their teeth, doing their hair, preparing meals, and/or taking medication?



LEARNING

Does the person:

- need support with activities in relation to learning?
- require support in the classroom?



SELF MANAGEMENT

Can the person:

- make an appropriate decision?
- manage their finances?
- perform domestic duties including cleaning and garden maintenance?

Exploring the functional impact

When exploring the functional impact, you should:

- **talk with the applicant**, their decision-maker and any formal or informal supports to capture as much detail as possible
- **ask lots of prompting questions** and take notes to ensure the availability of comprehensive information
- **ensure the impact reflects the diagnosis** that is listed on the application and not that of conditions that cannot be evidenced, and therefore have not been included.

Tip

Discuss with the person and/or their decision-maker that collecting information in relation to their disability and/or functional capacity is very deficit-based and can be quite confronting and of a sensitive nature.

Mobility: *mobilise in the home and in community*



Prompting questions:

- Is the person able to move around the home? What type of supports are used to move around the house?
- How many minutes: o can the person walk independently? o can the person stand independently? o can the person navigate uneven terrain/stairs?
- Does the person experience any falls? If so, how many times per day or week? Can they get up independently? Who helps them?
- Is the person able to get in and out of bed? How many days per week does this occur? What type of supports are used to get in and out of bed?
- Is the person able to get in and out of a chair? What type of supports are used to get in and out of a chair?
- Is the person able to leave the home? What type of supports are used to leave the home
- Is the person able to move around in the community? What type of supports are used to move around in the community?
- Does the person feel safe if they access the community independently?
- Is the person able to physically perform other tasks? What type of supports are used to perform these tasks?
- Is there any equipment, assistive technology or home modifications that could support the person?

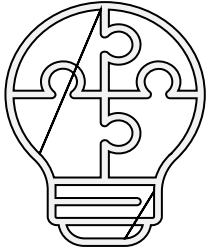
Communication: *communicating with others*



Prompting questions:

- Does the person have a cochlear implant, profound hearing impairment, and/or profound vision impairment?
- Is the person able to be understood in spoken language? Do they mumble?
- Does the person speak in sentences or short phrases?
- Does the person use repetitive speech or echolalic speech, i.e. repeat noises and phrases that they hear?
- Does the person initiate conversation? Can the person hold a two-way conversation or do they answer questions only?
- Is the person able to understand others? Do they require the other person to repeat or explain what they've said?
- Is the person able to successfully express their needs and wants by gesture, speech and in a context appropriate to their age?
- Does the person communicate in squeals or grunts?
- Does the person maintain eye contact when communicating with others?
- Is the person able to be understood in written language? Is their writing legible? Can they read and write?
- Does the person understand written information? Can the person fill out forms independently?
- Does the person need/use assistive technology, e.g. talk to text, have a scribe at school or use a communication board?
- Is the person able to be understood using sign language?
- Does the person experience hallucinations? Does the person experience paranoia? Does the person hear voices?

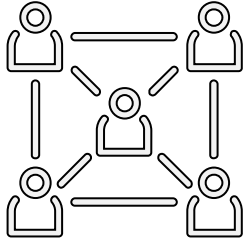
Learning: *learning new things, practising and using new skills*



Prompting questions:

- Is the person able to understand and remember information?
- Is the person able to learn new things? Is support required to learn new skills?
- Is the person able to focus and concentrate long enough to learn new things?
- Is the person able to practise and use new skills?
- Is the person able to tell the time? Do they understand the difference between hours and minutes?
- Does the person require a regular routine to support their learning? What happens when the routine changes?
- Does the person refuse to go to school? If so, how many times per week or month?
- Does the person attend a special school or mainstream school? Does the person attend a special education unit or have a modified education program? What supports do they receive in the classroom? How many times per week do they receive these supports?
- Does the person receive individual support at school outside of the classroom, e.g. additional speech and language therapy, occupational therapy, social and communication support, or time out areas?
- Did the person attend a special school or special education unit as a young person?
- Is the person experiencing any delays with their learning for their age cohort?
- Does the person use assistive technology to assist with learning?

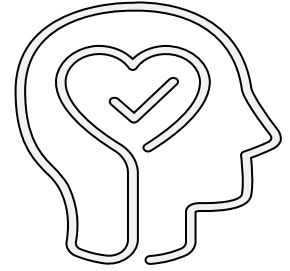
Social interaction: *can the person engage with others*



Prompting questions:

- Is the person able to make and maintain friendships?
- Can the person take turns and wait when required?
- Is the person able to initiate conversations?
- Is the person able to interact in the community? Do they access the community independently? What type of assistance do they need to access and interact in the community?
- Does the person attend social outings like going out to dinner or the movies with friends?
- Does the person feel comfortable in groups or large crowds?
- Does the person have any noise aversions? What happens when they feel overwhelmed by noise? Do they need to use noise-cancelling headphones?
- Does the person behave within the limits accepted by others?
- Does the person display any behavioural concerns? What assistance do they need to manage behaviour and how often?
- How does the person cope with their feelings and emotions in a social context? Can they self-calm? What does the behaviour consist of?
- Can the person tolerate physical contact, e.g. hugging and touch?
- Does the person approach people in an inappropriate manner? Is the person cognisant of personal space? Does the person demonstrate sexualised behaviour?
- Is the person able to use public transport independently? Are they able to read timetables, buy tickets and understand which stop to get off at? What assistance do they need to travel?
- If taken to a new place, could the person navigate their way around, e.g. follow signs in a large shopping centre to find an exit or toilet? What assistance do they need and who might they ask for help?
- Does the person drive independently? Do they feel safe when they drive?
- Are supervision and supports required for social interaction? If so, how often and in what way?

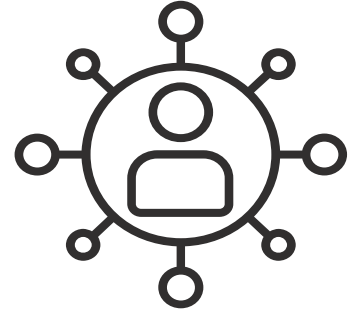
Self-care: *can the person engage in self-care activities?*



Prompting questions:

- Does the person require assistance to shower/bath? What type of supports are in place to assist with showering/bathing?
- Does the person require assistance to brush their hair/do their own hair?
- Does the person require assistance to brush their teeth?
- Can the person prepare their own meals?
- Does the person require assistance to eat or drink? Can they use a knife and fork? Can they cut food?
- Does the person have any food aversions? Can the different foods be touching on their plate? Does the food need to be a certain colour or texture? Are there specific food preparation routines that need to be followed?
- Does the person require assistance with toileting? What types of supports/aids are in place to assist with toileting?
- If the person has a toileting accident, do they let anyone know?
- Does the person require assistance to get dressed/put on shoes? Does the person choose weather and/or situation-appropriate clothing? Can the person do up buttons, zips, bra, belt, shoelaces etc.?
- Does the person have any clothing aversions? Do clothes need to be a certain type/make, colour or texture?
- Can the person reach their feet to manage appropriate foot care and hygiene?
- Does the person require assistance with overnight care, e.g. periodic turning over?
- Does the person require assistance to take medication? Does the person remember to take medication?
- Does the person require the use of a webster pack?
- Does the person require assistance obtaining a script and having the script filled?

Self management: *can the person make decisions?*



Prompting questions:

- Is the person able to complete daily domestic duties to maintain a residence, e.g. cleaning the house, washing, cooking, gardening?
- Does the person rent their accommodation or reside in a Department of Housing property? Could this accommodation be in jeopardy due to the inability to complete daily domestic duties?
- Is the person able to make decisions independently? Does the person have a decision-maker appointed, i.e. Office of the Public Guardian?
- Is the person able to solve problems independently, e.g. if the power went out at home, would the person know what to do?
- Does the person use public transport? If the normal route was changed, could the person navigate that change?
- Does the person currently pay their bills and living expenses? Do they have control of financial obligations and spending? Does the person have a financial administrator appointed, i.e. the Public Trustee?
- Does the person complete financial transactions and manage a budget? Can the person use internet banking? Can they use cash independently? If not, why not?
- Does the person complete shopping tasks? If not physically, can the person complete an online shopping order and have it delivered? If not, why not?
- Is the person able to attend medical appointments independently? Do they understand the advice provided? Can they follow through with filling prescriptions, taking medications and organising follow-up appointments?

Responding to the functional impact

When responding to the functional impact, each key statement should include:

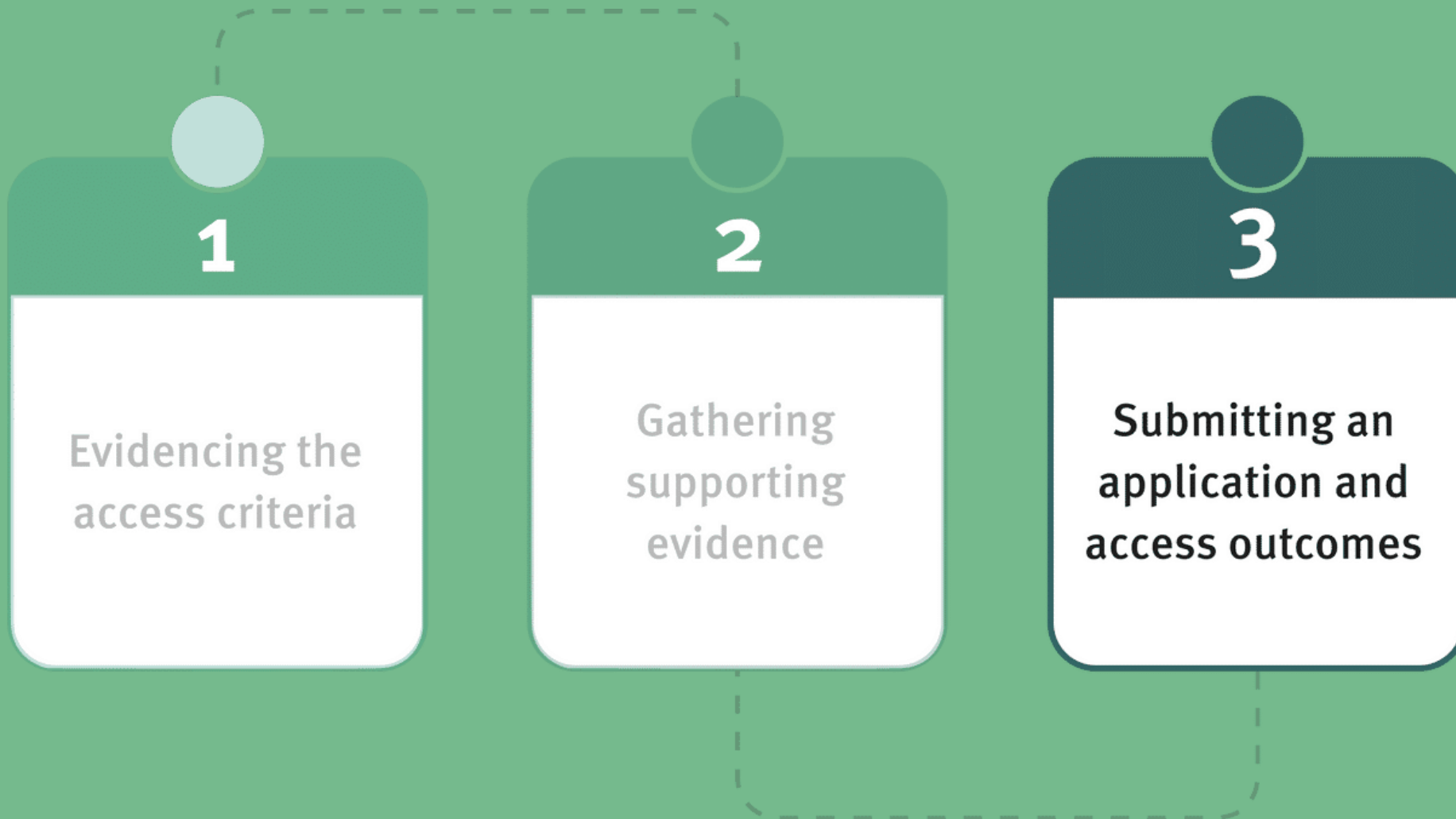
1. 'unable to' or 'cannot' (do something)
2. why the person is unable to complete the activity
3. how the person completes the activity.

Carer Impact Statement

A Carer Impact Statement is a written letter by someone who cares for a person with disability. It is used to demonstrate to the NDIA the everyday difficulties experienced by the person and their family.

The Carer Impact Statement should include the following:

1. diagnosis of person, remembering to only include the disability or conditions that can be evidenced
2. living situation
3. experience as a parent/carer
4. level and type of support provided on a typical day
5. identify examples of carer fatigue
6. note opportunities for person to gain independence
7. identify if an older parent is a carer.



Final checks

Before submitting the Access Request Form and supporting documentation, complete a final review to:

- confirm permanence of disability is evidenced appropriately
- ensure only conditions that are NDIS eligible are listed in the application
- check all evidence for statements that might contradict the permanence
- check recommendations identified in assessment reports and ensure the outcomes of the recommended support is referenced in the application i.e. therapy
- ensure the person has signed the Access Request Form.

But what if... ?

...the person is over 18 and has an appointed decision-maker?

If the person has impaired decision-making capacity and has a legally appointed decision-maker, the decision-maker can sign the Access Request Form and provide evidence of decision-making authority i.e. a QCAT appointed decision maker. If the person does not have a legally appointed decision-maker they will need to sign or make a mark on their Access Request Form.

But what if... ?

...a young person with disability does not have contact with their legal guardian or decision-maker?

If a young person with disability does not have contact with their legal guardian or decision-maker, another person over the age of 18 can sign their ARF.

For example, if a young person and/or their siblings live with an informal kinship carer, the informal kinship carer can sign the Access Request Form if they can provide the following evidence:

- a statutory declaration detailing the arrangement
- a letter of support from a government agency or child and youth service provider detailing the arrangement
- a copy of a Centrelink carer payment statement that identifies the informal kinship carer's details, the name of the young person and/or their siblings.

Submitting the application

Once the final checks have been completed, it is time to submit the completed NDIS access application

The best way to submit the completed NDIS access application is via email to NAT@ndis.gov.au

You can also contact your Local Area Coordinator (LAC) or NDIA office by calling **1800 800 110** and asking to make an access request.

Access outcomes

When considering an application, the NDIA will request further information to clarify supplied evidence or make an access decision (eligible or ineligible) based on the supplied evidence

Access decisions and requests for further information are provided in writing and are often accompanied by a phone call from the NDIA to explain the advice in detail.

Potential outcomes

Request for further information

- The NDIA will ask specific questions to fill any gaps in evidence. It is important to take note of the information provided by the NDIA and read the letter describing the additional evidence that is required.
- The person may be required to liaise with their medical professional to respond to the request for further information.

Tip – DO NOT PANIC!

If the request is in relation to personal details and a copy of a birth certificate or utility statement is required, it is often easier to make the update with Centrelink or MyGov and request that the NDIA attempts another match.

If the request is in relation to the disability or functional impact work with the person's medical or allied health professional to prepare a response.

Potential outcomes

Access met or eligible

- If the person receives an access met decision, they will be contacted by the NDIA or a Local Area Coordinator (LAC) to arrange a planning meeting.

Access not met or ineligible

- If the person receives an access not met decision they can still access information and assistance from an LAC or Early Childhood Approach partner to access support and services in community.
- If the person has a significant change to their situation and can provide stronger evidence, they can submit a new application.
- A person can request an internal review of the access not met decision if they choose to do so.
- If the access not met decision is upheld, the person can apply for a review by the Administrative Appeals Tribunal (AAT)

Tips

A review of the decision by the AAT can only proceed when the NDIA has finalised their review.

If requesting an internal review of an access not met decision, it is best practice to include additional information. Refer to the access not met letter to determine the information that is required.

Not NDIS eligible

If the person is not eligible for NDIS, consider other support services that are available, such as:

- Queensland Community Support Scheme (QCSS)
- National Injury Insurance Scheme Queensland (NIISQ)
- Mental Health Treatment Plan
- Chronic disease GP Management Plans (GPMP) and Team Care Arrangements (TCAs)
- Victim Assist Queensland

Need NDIS access support?

If you or a person you know needs NDIS access support, consider the following:

- Call the NDIA on 1800 800 110
- Email the NDIA at NAT@ndis.qld.gov.au.
- ***To find an office near you [click here](#)***

- **For children younger than 7 years**, contact an Early Childhood Approach partner in the community.
- **For young people and adults aged 7 to 65 years** contact a Local Area Coordinator (LAC) partner in the community.

Helpful links

- NDIA's Operational Guidelines: <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline>
- Age requirements (section 22): <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-age-requirements>
- Residence requirements (section 23): <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-residence-requirements>
- Disability requirements (section 24): <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-disability-requirements>
- Early intervention requirements (section 25): <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-early-intervention-requirements>
- List A – conditions likely to meet disability requirements: <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/list-conditions-which-are-likely-meet-disability-requirements-section-24-ndis-act>
- List B – permanent conditions that require functional capacity information: <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/list-b-permanent-conditions-which-functional-capacity-are-variable-and-further-assessment-functional-capacity-generally-required>
- Types of disability evidence: <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence>

Helpful links

- NDIS proof of identity checklist: <https://www.ndis.gov.au/media/300/download>
- Access Request Form: <https://www.ndis.gov.au/how-apply-ndis/what-access-request-form#access-request-form>
- Support with pre-planning and planning activities: <https://www.ndis.gov.au/participants/creating-your-plan/preparing-your-planning-meeting>
- Supports funded by the NDIS: <https://www.ndis.gov.au/understanding/supports-funded-ndis>
- Applying for an internal review of the access not met decision: <https://www.ndis.gov.au/applying-access-ndis/how-apply/receiving-your-access-decision/internal-review-decision>
- What is the NDIS responsible for: <https://www.ndis.gov.au/understanding/what-ndis-responsible>

Thank you!

Contact us

Visit: dsdsatsip.qld.gov.au/art

Call: 1800 569 040

Email: ARTenquiries@dsdsatsip.qld.gov.au