



# Decision Support Pilot

## Fact Sheet and Referral Form

### Background

In 2018-19, the Department of Social Services (DSS) is undertaking a nine-month national pilot for the provision of advocacy and decision-making support for people interacting with the National Disability Insurance Scheme (NDIS) who have limited decision-making capacity and no alternative decision-making support such as family, friends or a guardian.

The expected outcomes of the pilot are to:

- support the target group to access the NDIS and develop and implement a suitable plan;
- identify the number of eligible people requiring support; and
- inform policy and program development.

The pilot recognises that there is a cohort of people with disability who have not transitioned to the NDIS from existing state or territory services or who have done so but do not have people in their lives who can help them engage with the National Disability Insurance Agency (NDIA) and assist them to develop and implement an individual plan.

The pilot will provide this support and assist the NDIA, DSS and state and territory governments to understand the number of people who require this decision-making support and the barriers that need to be addressed.

### Eligibility Criteria for Pilot

People eligible for the pilot will meet the following criteria:

- are over the age of 18 and are potential or current NDIS participants;
- have limited decision-making capacity; and
- have no other appropriate decision-making support such as a family member, carer or other significant person who is willing and able to support the person to make decisions.

### Out of scope support

The pilot is not to assist people with disability to request internal reviews of NDIA decisions or to take a decision of the NDIA to the Administrative Appeals Tribunal. These supports can be provided through the National Disability Advocacy Program or the NDIS Appeals program.

The pilot will not provide substitute decision-making services. Clients who require this level of support would be referred to other more appropriate people or institutions, such as public guardians.

## Making a referral

If you consider an individual may be eligible to participate in the Decision Support Pilot, please complete the referral form below provide to the relevant pilot provider as outlined below.

Support will be provided pending capacity of the organisation.

| Organisation   | Jurisdiction                 | Pilot Provider Referral Contact details   |
|--|------------------------------|---|
| Queensland Advocacy Incorporated                     | Queensland                   | Phone: (07) 3844 4200 or<br>1300 130 582<br>Email: Qai@qai.org.au   |
| Leadership Plus Incorporated                         | Victoria                     | Intake phone: (03) 9489 2999<br>Monday, Wednesday & Friday 9.30am –<br>12.30pm<br>Email: admin@leadershipplus.com |
| Brain Injury Network of South Australia Incorporated | South Australia              | Phone: (08) 8217 7600 or<br>1300 733 049<br>Email: info@braininjurysa.org.au                                      |
| Ethnic Disability Advocacy Centre Incorporated       | Western Australia            | Phone: (08) 9388 7455 or<br>1800 659 921<br>Email: admin@edac.org.au  |
| Disability Advocacy NSW                              | New South Wales              | Phone: 1300 365 085<br>Email: intake@da.org.au  |
| ACT Disability Aged and Carer Advocacy Service       | Australian Capital Territory | Phone: (02) 6242 5060<br>Email: adacas@adacas.org.au  |
| Speak Out Association of Tasmania Incorporated       | Tasmania                     | Phone: (03) 6431 9333 or<br>0409 319 337<br>Email:<br>decisionsupport@speakoutadvocacy.org                        |

# Referral Form for Decision Support Pilot

## Client Details

|                                       |  |
|---------------------------------------|--|
| Client name:                          |  |
| DOB:                                  |  |
| Current address:                      |  |
| Phone/Mobile:                         |  |
| Email:                                |  |
| Is English their preferred language:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, what is the primary language:  |  |
| Nature/type of disability (if known): |  |

Is the client Aboriginal/Torres Strait Islander?      Yes       No

Is the client from a rural/remote location?      Yes       No

Has the client provided consent for this referral?      Yes       No

Is the client a current NDIS Participant?      Yes       No

## Referring Agency Details

|                       |  |
|-----------------------|--|
| Organisation:         |  |
| Key Contact Person:   |  |
| Organisation address: |  |
| Phone/Mobile:         |  |
| Email:                |  |

|   |  |                         |
|---|--|-------------------------|
| Does the client have any substitute decision supports in place? | <input type="checkbox"/> None<br><input type="checkbox"/> Administrator<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Other | Please provide details: |
| Reason for Referral:  |  |                         |
| Does the client have any accessibility requirements?            | Please provide details:  |                         |

## Area of Support Required

|   |  |
|---|--|
| What support is the client being referred for?  | <input type="checkbox"/> Complete NDIS Access Request Form<br><input type="checkbox"/> Assistance to develop NDIS plan<br><br>Is there a Support Coordinator in place? Yes <input type="checkbox"/> No <input type="checkbox"/><br><input type="checkbox"/> Request plan review/complaint<br><input type="checkbox"/> Other                            |
| Please provide details:   |  |
| Does the client have any existing informal or formal decision making support?<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate below:<br><input type="checkbox"/> Family<br><input type="checkbox"/> Friends<br><input type="checkbox"/> Nominee<br>Is there a Public Guardian involved? Yes <input type="checkbox"/> No <input type="checkbox"/><br><input type="checkbox"/> Service provision/accommodation authorisation<br><input type="checkbox"/> Other |
| Please provide details:   |  |

## Additional Information

Does the client access any other disability or mainstream services?

If yes, please provide details: