

26<sup>th</sup> March, 2018

**Public Trustee**

<b>Policy, practices / procedures</b>	<b>Impacts / ripple effects</b>
<p>1. PT wants nothing to do with accessing the person's \$ to pay any transport costs if they are a NDIS-eligible person in receipt of transport funding under this program. Reportedly PT liaised with NDIA to ensure ANY NDIS transport funding is assigned to <u>only</u> be agency managed as part of the person's approved plan</p> <p>2. PT lacks understanding the NDIS's policy and implementation plus the fundamental shift in the role of support organisations and how they get income.</p> <ul style="list-style-type: none"> <li>- PT thinks the NDIS funds ALL a person's transport costs. So untrue as not all trips are eligible under the NDIS eg. medical or education.</li> <li>- Equally, there is no understanding and appreciation of the moving feast that NDIS is itself on funding the transport issue – so PT is highly likely to be out of date</li> </ul> <p>3. Invoices for payment for transport costs <u>routinely</u> remain unpaid for over 12 months</p> <p>4. PT staff have questioned the price being charged by organisations. This lacks understanding of the marketplace post NDIS implementation and exceeds PT's legislative authority &amp; role</p>	<p>1. This has completely removed the ability of the person to have cash on them that they can use to support informal transport arrangements eg. put some money in for fuel. In general PT's current approach is impacting on the NDIS's realisation of its policy objective of the person having choice and control. Different PT staff are also saying different things on this issue.</p> <p>2. PT's current understanding and its "nothing to do with transport payments" approach means:</p> <ul style="list-style-type: none"> <li>– People and organisations are placed under pressure to use their NDIS transport funding on an NDIS ineligible support service. This action by organisations is seen by NDIS audit frameworks as fraud.</li> <li>– Entire sections of a person's life (and for many people a vital component in the case of ALL medically-related appointments) is exposed to decision-making based on 'what am I prepared to give up' to cover the costs of these reasons for travel. Long-term places person's health and access to educational opportunities are impacted.</li> </ul> <p>3. This practice threatens the financial viability of organisations that are no longer block funded. It also compromises the Government's overarching policy to reduce its payment response time to small business.</p> <p><b>? What systemic mechanism/s are in place within PT to keep up to date with NDIS policy and practice implementation.</b></p> <p><b>? What systemic mechanism/s are in place for PT to judge how NDIS implementation is impacting at the real world level and to forecast whether their clients might have a potential problem in any market collapse in relation to transport</b></p> <p><b>? What is PT's current approach/es to ensure consistent decision-making in the same office across different staff plus across the entire State</b></p> <p><b>? What systemic mechanisms are in place to ensure joined-up decision-making between PT and OPG with mutual clients (see OPG # 3)</b></p>

Policy, practices / procedures	Impacts / ripple effects
<p>1. OPG is not signing <u>an agency's service agreement</u>, rather in letter format it uses 'vague/soft' wording that whilst acknowledging a contractual relationship exists (which means the organisation can legally claim via NDIA for payment of services specified on the person's approved plan – which the OPG signs as the plan nominee. NDIS requires there to be a service agreement (verbal or written) but a verbal-only agreement is as yet untested under a NDIS audit of approved service providers in terms of enough of an evidence trail for risk and compliance audit purposes.</p> <p>2. OPG's 'service agreement' letter requests the agency to negotiate the services with the person – is not this internally inconsistent given the OPG has presumably been assigned due to the judgement the person can't make decision about their life needs for the purposes of NDIS planning.</p> <p>3. OPG, as the plan nominee, can approve transport expenditure in excess of the NDIS approved plan (depending on the wording on the schedule of supports – note this is also an example of how variable the NDIS process is as this wording varies plan to plan).</p> <p>4. Agencies under NDIS are to 'prove' customer satisfaction with services provided (NIDA agency audits interstate in 2017 deemed the need to do this for every instance of service) <u>prior</u> to claiming for the approved services. OPG, as the plan nominee, isn't signing the log of claims for approved service provision sent to them by the agencies they have 'contracted' (and if they were the timeliness of their response would surely be doubtful too).</p> <p>5. OPG staff changes are frequent and many seem to be employed only part-time – especially in the regions. The experience to date is one of 'policy on the hoof' ie. as decided by the person at that time.</p> <p>6. People aged under 18years who are NDIS eligible – how does OPG interface with Child Safety, especially where the PT has been appointed guardian?</p>	<p>1. <b>? Would the OPG's letter of 'contract' pass NDIS's requirements especially under NDIA audit process.</b></p> <p><b>? How is OPG given its practice ensuring it isn't placing community sector agencies at risk of punitive measures by the Federal Government's NDIS program</b></p> <p>2. <b>? the letter IS NOT consistent across different OPG staff, across time and across the State.</b></p> <p>3. <b>? How does OPG ensure the PT pays these extra but approved transport costs for mutual clients?</b> <b>? What systemic mechanisms are in place with PT to ensure mutual client's choice and control are not being impinged</b></p> <p>4. OPG's non-signing and lack of indication of satisfaction (or not) places the approved service provider at risk of being seen by NDIA auditors as in breach of the NDIS and potentially defrauding the system – there is already instances interstate of NDIA audits with this finding related to lack of 'proof' of satisfaction. <b>? what systemic mechanisms are in place for OPG to ensure any signatures required by them as the plan nominee are provided in a timely manner. What is their benchmark of timeliness</b></p> <p>5. ? what systemic mechanism is in place to ensure all OPG staff follow same Departmental policy</p> <p>6. <b>? What systemic mechanisms are in place with PT to ensure mutual client's choice and control are not being impinged</b></p>