

IMPROVING NDIS SERVICES IN RURAL AND REMOTE AREAS

Participants in rural and remote areas are highly disadvantaged. Limited supply means they don't have choice and control over their services and they have inadequate access to services to benefit from the NDIS. Choice is further constrained where the higher cost structures of supplying services to these areas is not adequately recognised; travel costs being the obvious example.

Alliance20 wants to ensure that everyone can be supported, no matter where they live. Alliance20 has suggested solutions ranging from better processes for addressing travel viability cases through to engaging large providers in partnership with government/s to assist in areas with significant supply issues and with integrating more fully across health and human services funding and operations.

BACKGROUND:

Services delivered under the NDIS in remote and very remote areas attract higher prices to address additional service delivery costs. The Modified Monash Model (MMM) is used to determine remote or very remote areas and there are separate Price Lists for Remote and Very Remote areas. Prices are 20% higher in remote areas and 25% higher in very remote areas.

Under the current definitions of Remote and Very Remote, many regional sites are not eligible for the price loading.

Providers of specialist services are not located in all rural locations. Some providers offer limited services in regional locations. These 'thin' markets make it difficult to establish a sustainable business to provide specialist services to scheme participants in these areas.

The NDIA has stated that if local providers are not available, it may enter into agreements (and, at times, contracts) with specific providers for the provision of services to more remote regions. The contract with a service provider would also need to specify the cost of travel and any other associated expenses in these areas.

CURRENT ISSUES

- There is limited supply and distribution of generalist and specialist services in rural and remote areas and the costs are prohibitive for providers to establish service outlets or even service hub models in these thin markets.
- While current pricing recognises remote and very remote locations it does not acknowledge that providers are often based in regional centres, providing outreach to rural locations.
- Current funding for travel is limited with the same caps applied to metro, regional and rural locations. Providers can claim travel time at the hourly rate for the relevant support item for travel in excess of 10km, but only up to a maximum annual limit of \$1000 per participant per annum.

- These funding restrictions will reduce specialist services to operate via telehealth and centre-based options only.
- There may be options to co-locate disability services with other services (such as health and aged care) in some locations. This may require different disability funding models than those currently available under the NDIS.
- Alliance20 is not aware of any providers that have been approached by the NDIA to enter into contracts or receive funding through new/innovative models to deliver services to these regional locations.
- Poor and patchy availability of other health and human services in rural and remote areas further compounds the difficulties of people with disability benefiting fully from the NDIS. For example, where there are unmet health or housing needs the practicality and effectiveness of NDIS supports are limited. This, in turn, gives rise to issues around cost sharing across Government agencies rather than limiting NDIS funding or allowing NDIS funding to be diverted to other costs.

IMPACT STATEMENT

IMPACT FOR PARTICIPANTS

- Limited or no access to specialist services.
- Limited or no access to home or community-based services – centre-based services offered only
- Significant travel required to access services with high costs

IMPACT FOR PROVIDERS

- Unable to provide viable services under the current funding model
- Inability to attract and retain workers outside regional centres

IMPACT FOR THE MARKET

- Providers are reviewing/restricting delivery to regional centres
- Specialist providers will exit remote/thin markets unless alternative funding strategies are explored

PROPOSED SOLUTIONS

Consideration should be given to:

- NDIA establishing a formal, readily engaged and speedy process to deal with travel viability cases. Alternatively, NDIA consider alternative pricing arrangements to cover travel costs.
- Contracting selected providers to operate in and provide outreach to remote and very remote areas.
- Funding agreements or contracts for specialist providers to provide professional support and supervision to non-specialist providers in remote and very remote locations to build capacity.

- Consider price loading for outer regional centres which outreach to remote and very remote locations.
- Consider shared infrastructure, including telehealth infrastructure for specialist providers to utilise and complement other local services.
- Alliance20 members can provide detailed information on the costs and accessibility issues involved in service provision in regional and remote areas.
- Members are also able to participate in a co-design process for innovative funding and contracting arrangements to promote service provision in these areas.
- NDIA and providers working together to develop models for integrating funding and service provision with other health and human services funders and operators.