

Sector Development Podcast Script

National Disability Services

# The new NDIS Price Guide

## Ms Jewell

Welcome to the National Disability Services Sector Development Podcast. My name is Savannah Jewell, and I’m the Senior Sector Development Coordinator at NDS. I’m joined today by my colleagues, Fiona Still, Victorian State Manager, and Philippa Angley, Head of Policy, to talk about the newly released NDIS Price Guide and discuss what’s new and what’s different, and what these changes mean for providers of NDIS supports. During this podcast, we’re going to discuss the changes to the layout of the new Price Guide, the Temporary Transformation Payment and other pricing changes, the inclusion of an hourly rate for non-face to face one to one supports, and changes to the cancellation and provider travel policies. Thanks for joining me today, Fiona and Philippa.

## Ms Still

Good to be here, Savannah.

## Ms Angley

Hello, Savannah.

### Ms Jewell

There was an excited buzz in the Victorian NDS office when the first iteration of the 2019-2020 Price Guide was released on the 26th of June. Like many of you out there working in the sector, we spent some time working through the document, and as a result of feedback the NDIA made a few changes and released a second version on the first of July. It’s important to note that the NDIA may, continue to make minor changes to these documents, and the best way to keep up to date with the current version is to always refer to the NDIS pricing and payments page of the NDIS website.

One of the very welcome changes is the change to format and the layout of both the NDIS Price Guide Policy guidance document and the accompanying Support Catalogue. Now the policy guidance and rules are in one document, and a full list of support line items and their associated costs are in the Support Catalogue, which now can be downloaded as a simple PDF.

Fiona, What are some of the other notable format and layout changes?

## Ms Still

Thanks, Savannah. As you highlighted, yes, there are now two documents that are, um, used in conjunction with one another. Previously there was a policy guidance document that also had prices for things where there were price limits, ah, that was supported by, um, what was affectionately referred to as the CSV file and has now been, um, come to known as the Support Catalogue, and so now the policy guidance document, Price Guide, and the Support Catalogue work together. So all of the prices are now listed, and price limits and rules in the Support Catalogue, and the Price Guide provides policy guidance, so it gives examples of how to interpret pricing rules and how they’re implied to different support line items.

The Support Catalogue has had a few layout changes. It’s still available as a downloadable spreadsheet, now either as a CSV or Excel file, but it’s also in PDF file format, which means it’s easier to print out and read. And it has some very important additions, as well as letting people know what support line items there are and the descriptions of what a support line item is intended to be used for, so for example, under exercise physiology, it states that this line item is for individual advice to a participant regarding exercise required due to the impact of their disability, and for all support line items there is a descriptor that helps people to know how to apply that best fit approach as to what to, what support they’re providing and what it best fits to in the Price Guidance.

The big change is at the end of that Support Catalogue, there are all the prices. There isn’t a remote or a very remote price anymore. There isn’t a, um, catalogue that’s different for WA and for Victoria. So there are line items that either are a national price when there is a variation between some of the states, and the remote and very remote prices are all in the one Support Catalogue. And the last four rows in the Support Catalogue clearly indicate for a particular support line item whether a provider can claim travel, whether the cancellation policy applies, whether there is an ability to claim for some non-face to face time, and if there is NDIA reporting required for that support line item.

The other thing that you’ll see in the support line item, there are a number of supports that have, um, two support line items, one that has TTP after it, and that’s where eligible providers can claim the Temporary Transformation Payment, so there are two different prices given for some support line items.

## Ms Jewell

Philippa, Fiona has just mentioned, the inclusion of the separate claimable, ah, line item for the Temporary Transformation Payment or TTP. Can you tell us a little bit about what that payment is and outline the conditions for claiming, ah, for this additional loading?

## Ms Angley

Thanks, Savannah. Providers of attendant care and community participation supports who meet certain criteria will have access to a higher price limit through a Temporary Transformation Payment, or TTP. This conditional loading of 7.5% this year, reducing by 1.5% per year, is to assist providers to adapt to the operating conditions of the competitive market.

In order to access the higher TTP price limits, providers will have to publish their service prices. Um, most likely that will be on their website. It needs to be in quite a visible place on their website. They need to list their business contact details in the provider finder, and ensure that these details are kept up to date. And they need to participate annually in an Agency-approved benchmarking survey. TTP providers will have until the end of this calendar year, or the end of December, to meet these requirements.

In the first year, providers can commence making claims against the TTP items from the first of July, and will have until the end of December to meet these three compliance criteria. In subsequent years providers will have to be compliant by the start of the financial year. Non-registered providers are not eligible for the TTP payment, and plan managers should not use TTP line items to claim for services delivered by non-registered providers. Claims for the new TTP support items can be made against existing service bookings that were made at the support category level if there are sufficient funds in those bookings.

## Ms Jewell

And Philippa, will participant plans be indexed to accommodate this loading?

## Ms Angley

Yes, they will. Um, the Agency at the end of June indexed all participant plans for the increase in price limits, and they’ve increased the price limits for the community participation and attendant care support items with the TTP, because they envisage that most providers will charge at the higher price.

## Ms Jewell

And what are some of the other pricing changes?

## Ms Angley

I think the most important price changes in the catalogue are the substantial increases in the prices for attendant care and social and community participation. Across the various time categories, the increases are in the order of about 20%. These substantial increases flow into prices for group supports.

Last year the Agency introduced a new method of calculating group pricing. This calculation included an allowance for non-face to face tasks, including administrative tasks associated with providing support to an individual. Centre-based support prices included an allowance for capital costs. This year, after a false start where the Agency announced some prices, they have gone back and reverted to using the same method they used for calculating group prices last year. They released those prices in version 1.1 of the Support Catalogue.

The good news is that the group prices that are now applicable are much higher than last year. They incorporate the price increases to attendant care and community participation announced by the Agency in March, plus wage indexation and CPI, plus for registered providers the ability to charge for the TTP. All up it means group prices have increased in the order of about 15% for this financial year.

For participants receiving group supports, providers cannot charge participants for additional non-face to face time. However, participants receiving one to one support for attendant care or social participation can be charged for non-face to face time providing they have agreed to it in advance. Other price changes include price increases for therapies, and particularly notable for, price increases for psychologists and physiotherapists in some locations. The new price catalogue introduces two levels of prices for allied health assistance.

## Ms Jewell

The ability to claim for non-face to face time is new for many providers of one to one supports. What type of activities might be considered non-face to face, and how would a provider claim for this? Fiona?

## Ms Still

you need to go back to the NDIS Support Catalogue to actually see where the ability providers of which support line items are able to claim for some non-face to face activities, and the critical thing is that those non-face to face activities relate directly to support provision. They don’t include things, as, as all costs haven’t been, like back-of-house administrative costs, intake, developing service agreements. Those sorts of things are not covered by this. They are really looking at non-face to face supports that directly relate to service provision for a participant. So that might be things like, um, time spent coordinating or organising for an activity, or writing a progress report, or incident reporting, for example. And it is, as Philippa highlighted as well, with anything, with provision of any support under the NDIS that it must be clearly outlined in your agreement with a participant. They must agree to those charges, and there needs to be documented evidence, in a service agreement.

## Ms Jewell

And what type of evidence would a provider keep, for non-face to face supports?

## Ms Angley

So it will really, differ depending on what that is, but it might be in your case notes that will be evidence of what you’ve done as a non-face to face support. If it was an incident reporting, it would be copies of that incident report, ah, or copies of the reports if you were reporting for the NDIA, would be ways that you would be able to evidence that time.

## Ms Jewell

What are the changes to the cancellation policy?

## Ms Still

So there are s, a few changes to the cancellation policy that relate to the number of cancellations, so there has been a, a lifting of a cap on the number of times that you can charge for cancellations, and also there’s been a change to the timing of those no-show or late-notice cancellations. So the rule around the percentage charged still remains, that 90% of the fee associated with the service to be provided can be claimed for a cancellation.

A cancellation for a short, ah, cancellation applies if a participant does not show up for the scheduled support within a reasonable time, or is not present at the agreed place within a reasonable time when the provider is travelling to deliver the support, or if the participant has given less than two clear business days’ notice for a support that is less than eight hours in duration and the agreed total, ah, price of that support is less than a thousand dollars, so that’s two clear business days in that case, or has given less than five clear business days’ notice for any other support, so that’s where the support is longer than eight hours or it’s greater than a thousand dollars. So that might be, for instance, for short-term accommodation or for a camp where the impact is greater in the planning that’s gone into, um, those supports is greater.

The other instance, or the other rule that happens with this cancellation is that the cancellation can only be charged if you have not been able to find alternative billable work for the relevant worker, and then are, required as a business to pay the workers’ time. So that’s the other rule around cancellations that’s new.

The mechanism for claiming cancellations is the same, that you use the support line item that’s associated with the service that you would’ve been delivering. You put in the agreed price for that service, but you have to indicate that the claim type is for a cancellation, and then the NDIA system will automatically reduce that amount to 90% of the service. So you put in the full cost that you would’ve been claiming if you had delivered the service but with the indication that it’s a cancellation, and then back-of-house at the NDIA they will adjust that to be 90% of that price.

## Ms Jewell

So just like there’ve been many changes to the cancellation policy, there’s also been some exciting changes to the provider travel policy. Fiona, can you step us through what those changes are?

## Ms Still

So provider travel, um, Savannah, relates to the time spent by a worker, um, going to deliver a service or travelling to deliver a service, and there’s been some changes to the amount of time that be, can be taken. Now, again, the NDIS Support Catalogue indicates which, um, supports can claim for provider travel.

The, um, time has been in, increased for people who are delivering services within an MMM1 to 3 region. Now, the MMM stands for the Modified Monash Model, and this is a system that divides the country up and looks at geographical splits and population splits, and the Agency has indicated that there is, for people who, or areas that are in 1 to 3, that you can claim up to 30 minutes for travel to deliver a service. In MM4 and 5, which are more your regional areas but not always, it’s up to 60 minutes. And then there are specific systems in place for, for remote and very remote areas. To find out what area, or what applies, there is a website, the Doctor Connect website, and we will have in the show notes how you can go and find that website to work out what, ah, MMM region someone is in. The important thing with the travel policy is it’s not where you’re travelling from, it’s where you’re delivering that support that constitutes what MMM region you’re in. So for MMM1 to 3, it’s been increased from a max, a cap of 20 minutes to a cap of 30 minutes, and in the regions 4 to 5 that cap is now 60 minutes.

For core supports, you can charge that for the travelling to provide a support. For some capacity-building supports you can also charge an additional 30 minutes for the return travel from the last appointment of the day. That option and ability to charge for the return only applies to capacity-building supports.

As well as in the increase in the time caps, the other exciting news is that there’s been more services that have come in to scope for this provider travel, so, and they are under that capacity-building supports, so things like the provision of support coordination, behaviour support, exercise physiology. Now the providers of these supports can all charge for their travel up to those limits, the 30 minutes, 60 minutes depending on what region you’re in, and if that has been agreed to by the participant in advance. So it’s really important to check those Support Catalogue to see whether the support line item that you’re offering is in scope for that travel policy, but it’s now very clear and easy to interpret.

Some of the things to keep in mind around travel policy is that whilst it’s capped, you can charge for the actual time. You can’t charge 30 minutes if you’ve only travelled 20 minutes. It really relates to the actual time with a cap. You charge the travel costs as the same as the support line item that you’re delivering, so if you’re delivering personal care supports, you would use the same personal care support line item to claim for travel, and in the claim type you will indicate that it’s provider travel. Similarly, if you’re delivering exercise physiology, you would claim for the time delivering that service, and then you would have a separate claim item for the same exercise physiology support line item, and with the claim type indicated as provider travel.

There are other things that, apply that always have applied, so under the Australian Taxation Office rules you can’t claim for travel from home to a work place, or from a work place back to home. So again, those rules apply, in the NDIS as they do to any business. the claiming is where your support is being delivered, so if you’re in an MMM4 region and you travel to deliver a service in an MMM3 region, you can only claim the 30 minutes. If the reverse is true and you’re in an MMM3 region and you travel to deliver a service in an MMM4 region, then you can claim up to the 60 minutes of travel. It relates to where that service is being delivered. If there is more than one worker going to deliver a service to a participant, then they would be able to claim for each eligible worker for that travel time as well.

## Ms Jewell

So that brings us to the end of our podcast today. It’s really exciting to see higher prices, the ability to claim for non-face to face time for many providers of one to one supports, and clear policy guidance around cancellations and provider travel. The wider scope of the travel policy to include support coordinators will come as a huge relief for many of you working out there in the sector. Thank you, Fiona and Philippa, for sharing your knowledge and guiding us through some of the important changes introduced by the new NDIS Guide.

## Ms Angley

It’s a pleasure.

## Ms Still

Thanks, Savannah

## Ms Jewell

Before we wrap up today, I have some more news to share with you. We have just launched the NDIS In Practice website, providing resources especially for disability service providers. At NDIS In Practice you can watch, listen and learn from a range of mediums, including videos, webinars, and podcasts like this one. You can also search for resources that are relevant to your position. there are valuable resources for frontline workers, as well as team leaders and CEOs, on a range of topics including finance, governance, people and capability, and more.

We are soon to release NDS’s Practical Guidance to Operating in the NDIS, a series of guides which include information, tips, advice, and sector examples, which cover topics like service agreements, unscheduled plan reviews, provider travel, and participant transport, and activity costs. These guides are due to be released by the end of July and will also be housed on the NDIS In Practice website. Head to [NDIS In Practice](http://www.ndisinpractice.org.au) or you can get there via the [SDP site](http://www.nds.org.au/sdp).

If you’re an NDS member and have a question about this topic or any other NDIS-related question, please get in touch with the NDS team via the [NDS helpdesk](http://www.nds.org.au/helpdesk). If you’re interested in becoming an NDS member, please head to the [NDS membership web page](http://www.nds.org.au/ndsmembership).

Thanks again, Fiona and Philippa, and see you next time.

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