



# NDIS Practice Standards

Two components to provider registration:

- Assessment of the provider and key personnel for suitability to participate in the NDIS market
- **Assessment (audit) to comply with the relevant NDIS practice standards**

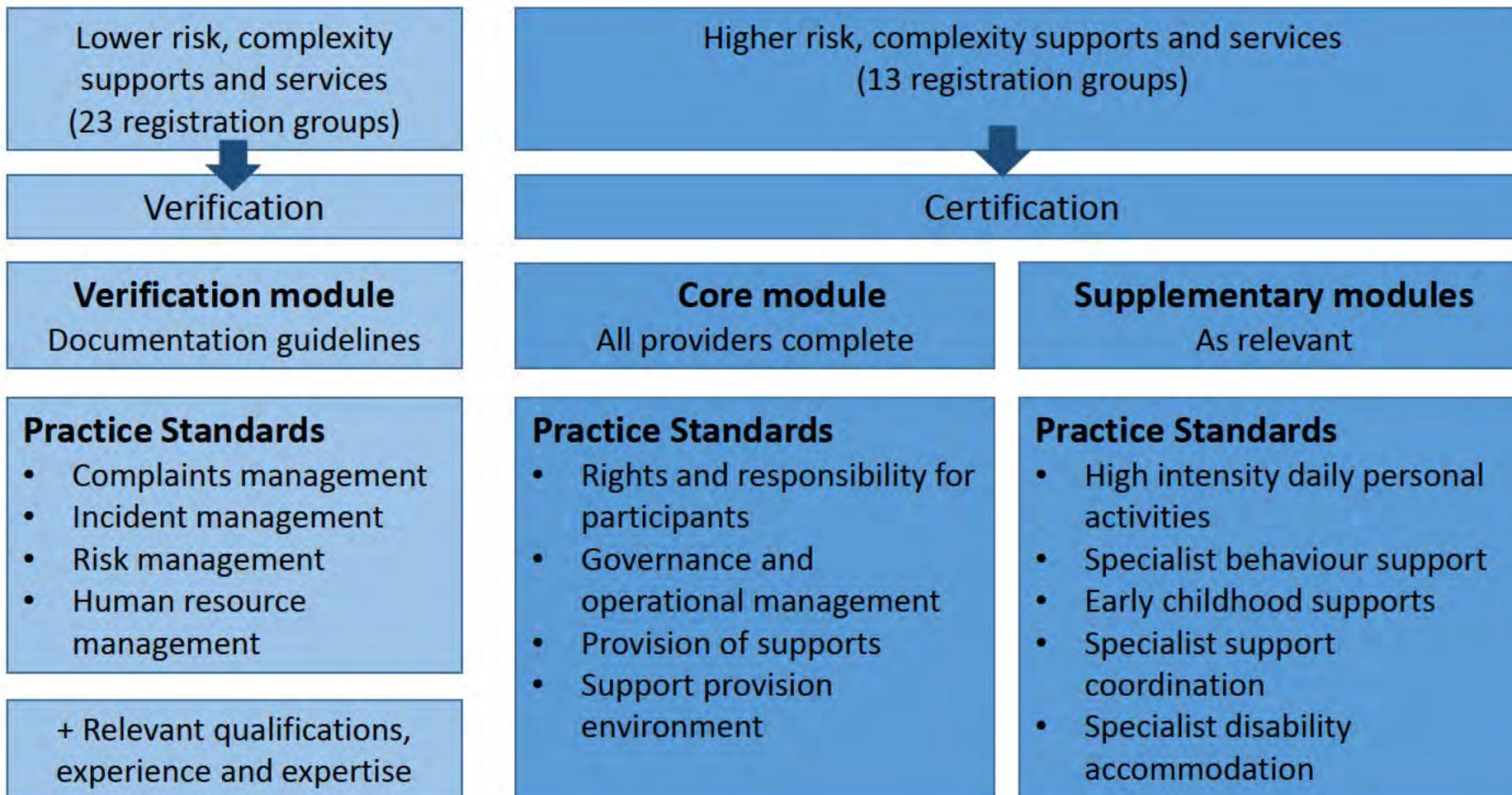
Registration requirements are **proportionate** to the size and scale of the provider and the type supports delivered.

Proportionality impacts:

- **how Practice Standards are assessed**
- **level of evidence required**
- audit planning.



# NDIS practice standards assessed for registration are based on the supports and services being delivered



# NDIS Registration groups



## 13 registration groups (or support and services categories) require certification

- High intensity daily personal activities
- Assistance with daily personal activities
- Assistance with daily tasks, shared living
- Assistance in coordinating or managing life stages, transitions and supports
- Assistance to access and maintain employment or higher education
- Development of daily living and life skills
- Participation in community, social and civic activities
- Group and centre based activities
- Early childhood intervention supports
- Specialised supported employment
- Specialised disability accommodation
- Specialised support coordination
- Specialised positive behaviour support

## 23 registration groups (or support and services categories) require verification

- Accommodation / Tenancy assistance
- Assistance animals
- Assistance with travel/transport arrangements
- Assistive equipment for recreation
- Assistive products for household tasks
- Assistive products for personal care and safety
- Communication and information equipment
- Community nursing care
- Customised prosthetics
- Exercise physiology and personal training
- Hearing equipment
- Hearing services
- Home modifications
- Household tasks
- Innovative community participation
- Interpreting and translation
- Management of funding for supports in participants plan
- Personal mobility equipment
- Specialised driver training
- Specialised hearing services
- Therapeutic supports
- Vehicle modifications
- Vision equipment



The practice standards define outcomes that NDIS providers will be audited against to be registered by the NDIS Commission

High level outcome statements

Participant focussed and oriented

Targeted provider-focussed practical elements to guide the collection of evidence

*Quality indicators, evidence based against each practice standard*

# NDIS Practice Standards Example



## *Core Module Part 1: Rights and Responsibilities*

### *1.4 Independence and informed choice*

*Outcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided*

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# NDIS Practice Standards Example



NDIS Quality  
and Safeguards  
Commission

## *Core module: Part 2. Provider Governance and Operational Management*

### *2.7 Human Resource Management*

*Outcome: Participants support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support*

#### **Quality Indicators:**

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# NDIS Practice Standards Example



## *Supplementary Module 1: High Intensity Daily Personal Activities*

### *1.3 Tracheostomy Management*

*Outcome: Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy according to their individual needs*

#### **Quality Indicators:**

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# High Intensity Support Skills Descriptors



- Set out the skills and knowledge that NDIS providers should have access to when delivering complex supports, safely, to NDIS participants
- Represent some of highest risks for participants, workers and others
- NDIS providers must source the relevant skills and knowledge to deliver high quality and safe supports
- Used by auditors and providers to determine whether the skills and capabilities used in the delivery of the related NDIS supports provide a safe environment for the participant.

## Practice Standards Supplementary Module 1: High Intensity Daily Personal Activities

- Complex Bowel Care
- Enteral Feeding and Management
- Tracheostomy care
- Urinary catheters
- Ventilation
- Subcutaneous injection
- Manage diabetes

## Additional support activities that require training to be undertaken as part of a general support role:

- high risk of seizure
- pressure care and wound management
- mealtime preparation and delivery
- stoma care



## Clinical Governance Working Group meeting – 19 February 2020

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2. The NDIS Commission gives effect to the Commonwealth's obligations under the NDIS Quality and Safeguards Framework agreed by all Australian governments in 2017. The Framework was developed through extensive public consultation, and in co-design with states and territories through the NDIS governance mechanisms. Amendments to the *National Disability Insurance Scheme Act 2013* (NDIS Act) were made in December 2017 to establish the powers of the NDIS Commission.
3. The NDIS Act sets out the functions and powers of the NDIS Commissioner. These functions and powers relate to the quality and safety of supports and services provided to people with disability in the NDIS.
4. The functions of the NDIS Commission include:
  - responding to concerns, complaints and reportable incidents, including abuse and neglect of NDIS participants;
  - promoting the NDIS principles of choice and control, and working to empower participants to exercise their rights to access quality services as informed, protected consumers;
  - requiring NDIS providers to uphold participants' rights to be free from harm;
  - registering NDIS providers;
  - regulating all NDIS providers;
  - implementing the new NDIS Code of Conduct and NDIS Practice Standards;
  - providing guidance and best practice information to NDIS providers on how to comply with their registration responsibilities;
  - monitoring compliance against the NDIS Code of Conduct and NDIS Practice Standards, including undertaking investigations and taking enforcement action;
  - monitoring the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices;

- 
- working in collaboration with states and territories to design and implement nationally consistent NDIS worker screening;
  - education, capacity building and development for people with disability, NDIS providers and workers, and;
  - facilitating information sharing with the NDIA, state and territory authorities and other Commonwealth regulatory bodies.
5. The NDIS Commission regulates all providers of supports and services for people with disability under the NDIS (other than in Western Australia). However, not all providers need to register with the NDIS Commission.
  6. Self-managing NDIS participants and participants who use a plan nominee or a registered plan manager can access supports or services from either registered or unregistered providers, except where the services consist of providing specialist disability accommodation, using regulated restrictive practices, or developing behaviour support plans for the participants. Unregistered providers and their workers must comply with the NDIS Code of Conduct and must be able to effectively manage complaints that may concern the quality and safety of supports or services being provided.
  7. The NDIS Code of Conduct set the minimum expectations and conduct expected of all NDIS workers and providers, whether registered or unregistered. Anyone can raise a complaint about potential breaches of the Code of Conduct at any time. The Code of Conduct is an important mechanism that enables NDIS participants to raise issues arising in respect of their supports and services at any time and have them addressed.
  8. Providers must be registered to deliver services and supports to NDIS participants who have their support plan managed by the NDIA or where they are providing specialist disability accommodation, using regulated restrictive practices, or developing behaviour support plans for the participants.
  9. Registered NDIS providers in states and territories where the NDIS Commission operates must:
    - comply with the conditions of registration stated on their certification of registration;
    - demonstrate compliance with the NDIS Practice Standards for their relevant registration groups (which are determined by the types of services and supports delivered), including through a quality audit;
    - comply with the NDIS Code of Conduct and support employees to meet its requirements;
    - have an in-house complaints management and resolution system to record and manage any complaints received, and support NDIS participants or other relevant concerned parties to make a complaint;
    - have an in-house incident management system, and notify the NDIS Commission should a reportable incident occur;

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- fulfil national worker screening requirements, and;
  - if applicable, meet the behaviour support requirements, including reporting the use of restrictive practices to the NDIS Commission.
10. Registered providers must report any of the following incidents (including allegations) to the NDIS Commission:
- Death
  - Serious injury
  - Abuse or neglect
  - Sexual or physical assault
  - Sexual misconduct, and
  - Unauthorised use of restrictive practices.
11. The NDIS Commission monitors registered NDIS providers for compliance with the conditions of their registration. All registered providers are required to undergo a periodic audit by an approved quality auditor assessing that they meet the NDIS Practice Standards. Ongoing monitoring also occurs through NDIS Commission compliance, complaints and reportable incidents activities.
12. The NDIS Commissioner has extensive compliance and enforcement powers to address quality and safety risks posed by NDIS providers. The NDIS Commission’s compliance and enforcement options include:
- Education, persuasion and compliance support
  - Monitoring and investigation
  - Sanctions, including:
    - Compliance notices.
    - Enforceable undertakings
    - Infringement notices
    - Injunctions
    - Variation, suspension or revocation of registration
    - Banning orders
  - Civil penalties.
13. The NDIS Commission works with other investigative and regulatory agencies to facilitate information sharing regarding where there is a shared interest in a particular matter. The NDIS Commission has broad powers to disclose and request information from other regulators to assist the Commissioner in undertaking all its functions.

### **NDIS Practice Standards**

14. The NDIS Practice Standards are modular and address both generic and specialist aspects of practice specific to the environment of the NDIS. Each standard is defined by an outcome statement that focuses on the experience of the participant. Each standard is supported by a series of quality indicators that set out how the outcome might be achieved, again focussing on the participant.

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15. The modules relevant to a provider depend upon the supports it wishes to provide and the corresponding registration groups it selects during the registration application process.
  16. The core module (applies in certification audits) assesses matters such as the rights of participants, provider governance and operational management, how supports provision is arranged and managed, and the environment in which the supports and services are provided.
  17. There are also specific practice standard modules applying to the following supports, which are assessed in addition to the core module:
    - High intensity daily personal activities module
    - Specialist behaviour support module
    - Implementing behaviour support plans module
    - Early childhood supports module
    - Specialised support co-ordination module, and
    - Specialist disability accommodation.
  18. A verification module establishes standards relevant to lower risk supports.

#### **Provider Registration**

19. Registration requirements are set out in the *NDIS Act 2013* and the *NDIS (Provider Registration and Practice Standard) Rules 2018*.
20. The NDIS Commission registration process establishes quality expectations and tests that NDIS providers have appropriate mechanisms operate within the intent of the NDIS.

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### Attachments

- Summary table of disability-related health supports, registration groups, NDIS Practice Standards and current relevant qualifications and experience requirements
- Diagram: Obligations of registered providers.

### Key documents

[NDIS Practice Standards and Quality Indicators](#) - Outlines the NDIS Practice Standards and Quality Indicators as defined in the *NDIS (Provider Registration and Practice Standards) Rules 2018*.

[NDIS Practice Standards: Verification module – required documentation](#) - For NDIS providers who require verification, this document outlines the evidence that auditors consider in order to assess conformity with the verification module of the NDIS Practice Standards.

[NDIS Practice Standards: skills descriptors \(High Intensity Skills Descriptors\)](#) - NDIS providers who are required to complete NDIS Practice Standards Module 1 (High Intensity Daily Personal Activities) will support their workers to meet the skills and knowledge requirements set out in this document when delivering complex supports, safely, to NDIS participants.

[Registration requirements by supports and services](#) - This guide summarises the registration requirements for NDIS providers based on entity type and the supports and services they deliver.

[NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)

[NDIS \(Quality Indicators\) Guidelines 2018](#)

[NDIS \(Approved Quality Auditors Scheme\) Guidelines 2018](#)



**Summary of DRHS items, NDIS Practice Standards, assessment method and professional qualifications/experience**

This summary table has been prepared for the Clinical Governance Working Group.

Funded support type	Registration group	Applicable NDIS Practice Standards	Assessment method	Professional qualifications and/or experience requirements
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<ul style="list-style-type: none"> <li>• Disability related health equipment and consumables: <ul style="list-style-type: none"> <li>○ consumables</li> <li>○ delivery</li> <li>○ set up/training</li> </ul> </li> <li>• Repairs &amp; maintenance – disability health related machines</li> <li>• Respirators – invasive vent. continuous use</li> <li>• Powered respirator rental</li> <li>• Respirators – supplemental vent. support (incl CPAP and BPAP)</li> <li>• Filters and/or humidifiers for respirators</li> <li>• Aspirators</li> <li>• Cough assist machine</li> <li>• Air filled garments and compression units</li> <li>• Replacement garments and compression sleeves for cyclic pressure units</li> </ul>	Assistive Products for Personal Care and Safety (0103)	Module 6: Verification	Verification (desk top)	<ul style="list-style-type: none"> <li>• Any profession</li> <li>• Relevant product knowledge and experience working with people with disability</li> </ul> (Verification Module – Required Documentation)
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Other items				
s22	High intensity daily personal activities (0104)	Core module and Module 1: High intensity daily personal activities	Certification (comprehensive desk top and on site)	Not tied to professions Providers are assessed against the core and high intensity daily personal activities practice standards and quality indicators, and the High intensity skills descriptors.
• Ventilator management s22				

## **Commonwealth response to Gap Analysis – DRHS and QS framework**

The Commonwealth notes the ‘gap analysis’ was delivered prior to the 2 March 2020 Clinical Governance Working Group (CGWG) meeting. At this meeting many of the matters identified by state and territory officials were addressed in detail by the National Disability Insurance Agency (NDIA) and the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission (NDIS Commission).

States and territories have focussed the gap analysis on three issues in relation to NDIS funding for disability related health supports (DRHS):

1. ensuring appropriate clinical governance arrangements are embedded into the NDIS regulatory system;
2. describing and defining the minimum requirements a worker must meet to deliver such supports; and
3. ensuring adequate funding is included in NDIS participant plans to fund these supports as per clinical recommendations.

### **Clinical governance and the NDIS regulatory system**

For the purpose of the NDIS regulatory arrangements established under the *National Disability Insurance Scheme Act 2013* (NDIS Act) and associated *NDIS (Provider Registration and Practice Standards) Rules 2018* (Registration Rules), DRHS in the NDIS are NDIS supports and services. They concern the provision of routine day to day support with aspects of daily living which may relate to health conditions, in addition to a person’s disability. These supports have been a feature of specialist disability services for many years, and were contemplated and included in the regulatory model for the NDIS.

The regulatory framework for the NDIS was developed by the Commonwealth, state and territory governments in consultation with people with disability, industry, advocates and health experts over several years. The NDIS Quality and Safeguards Framework (the Framework) was endorsed by the Council of Australian Governments (COAG) in 2017. The NDIS Commission gives effect to the Commonwealth’s obligations under the Framework as set out in the NDIS Act. The amendments to the NDIS Act to establish the Commissioner’s functions and powers were developed in consultation with states and territories, as were the Registration Rules under which the Commissioner operates, as required by s209 of the NDIS Act.

The recent gap analysis undertaken by state and territory officials assumes that gaps in regulation exist, based on a comparison between regulation of the health and disability sectors. The NDIS regulatory system was designed to complement, not duplicate or replicate existing regulation frameworks – it works alongside health regulation where clinical supports are provided within a disability context (see Appendix A).





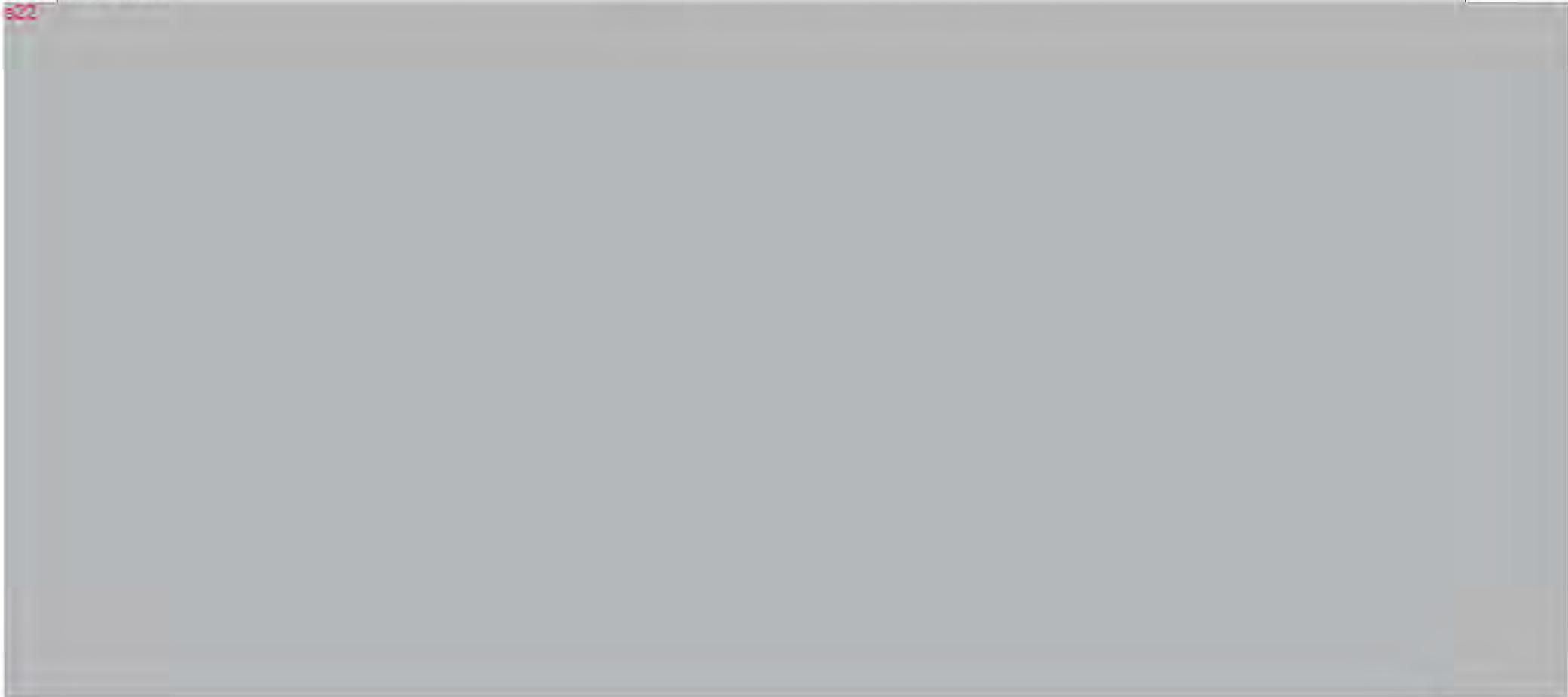


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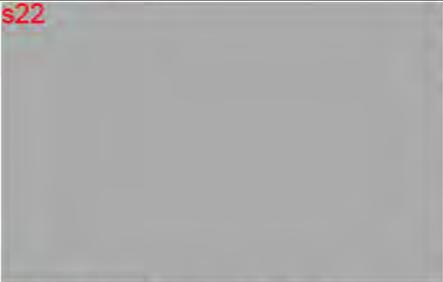


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**Key documents**

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**Title:** Summary of bilateral discussions on health interface issues and proposed next steps

**Sponsor:** Department of Social Services

**Date:** February 2020

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## Recommendations

That officials:

1. NOTE the key issues raised in the health interface bilateral meetings held in November and December 2020 between the Department of Social Services (DSS) and state and territory health and disability officials (**Attachment A**).

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**Attachment A:** Outstanding health interface issues – summary of key issues raised through bilateral meetings and proposed actions

**Clinical Governance of Disability-Related Health Supports (DRHS)**

**Issues**

- Jurisdictions continue to raise concern about risks to NDIS participant safety due to a lack of clinical governance guidelines to support the safe and effective delivery of DRHS through the NDIS, particularly high-risk supports such as ventilators and complex wound care.

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