

Annual Plan Review Guide


A practical guide to assist
participants with psychosocial
disability prepare for their
NDIS annual plan reviews

Congratulations. You are about to celebrate the anniversary of your NDIS plan.

This guide has been designed to assist you to prepare for your annual plan review because we want this process to be as simple and stress free for you as possible. It will be different from previous experiences you may have had prior to the NDIS where services and supports just rolled over and continued.

In the planning meeting:

- your previous plan will be looked at and evaluated
- your goals and needs will be revisited
- a new plan will be developed and depending upon your personal circumstances and goals, the duration of your plan could be for 6 months, 12 months or may be even 24 months



START THINKING AND PREPARING FOR THE
ANNUAL PLAN REVIEW MEETING WITHIN THE
LAST THREE MONTHS OF YOUR CURRENT PLAN

You may be contacted in regard to the annual plan review meeting at any stage from approximately a month prior to the end of the plan. The NDIA must conduct a review of your plan before the plan's review date (*NDIS Act 2013, section 48 (5)*). If you have not been contacted and your plan is due for a review in less than two weeks please contact your LAC, Support Coordinator or call 1800 800 110 to discuss your situation.

Preparation for this meeting will be needed so make sure you give yourself enough time.

Look back over your current plan's goals.

Did this current plan support your goals?

What would you have done differently if given the opportunity?

Were there enough funds to cover the goals?

Were there any unexpected circumstances that prevented you from using some of the money allocated for your goals?

Were there any limitations or barriers you experienced in reaching your goals?

You will need to take documentation with you to the plan review meeting. This will show the planner how the NDIS funding has been used to reach your goals. Documentation can also be used to demonstrate future needs in relation to your goals as well as show where there has been any limitations or barriers to your success. This documentation is basically evidence to support your plan and includes:

Service Review Document

Every NDIS service you have used in your current plan is required to provide you with a *Service Review Document*.

You may need to ask the service to prepare one for you.

There should be no charge for this from your service provider.

Tip: If your NDIS Service is reluctant to provide this document, remind them that it is needed to gain further funding, so you can continue to 'employ' them. Make sure to include a Service Review Document to be provided by the service provider in your future service agreements.



Remember –
your Service Review Document needs
to reflect your goals and needs

Tip: If you finish with a service throughout
the year – ask for the Service Review
Document at that time

Additional documents and evidence

Other documentation **you will need to take with you** to the plan review meeting includes:

- current specialist reports
- current Life Skills Profile (preferable) or,
- current HoNOS assessment or,
- WHODAS 2.0 assessment
- any progress reports from health practitioners
- an occupational therapist report (if you have one)
- your latest mental health plan.

The NDIA can ask for further evidence of your psychosocial disability so it would be a great idea to keep one step ahead by providing these reports and documentation.

- At the commencement of each NDIS service you received, you will have been given a Service Agreement Contract. These can also be used as extra evidence.
- If you have any receipts from non-NDIS services, bring these along with any brochures / contracts that show what the services provided for you. Once again – these need to reflect your goals and needs.

Next you will need to start thinking about your goals and needs for the next plan and the best place to start this process is by looking at your current goals. It's a really good idea to have your goals written down because it helps to remind you - of what you want to achieve when other parts of your life can distract you. There is no right or wrong way to write down your goals – you may even want to draw them or cut out pictures from magazines to show what you want to do. Below is just an example of things you may want in your goals (and this will be a helpful tool that you can use in your plan review meeting).

My Goals by _____

Goal #1 is:

This goal is important because:

Steps I'll take to reach this goal are:

-
-
-

(this is where you can also put the supports you need to help you reach the goal)

YOU COULD ALSO
INCLUDE WHETHER YOUR
GOAL HAS BEEN REACHED
AND WHETHER IT IS AN
ONGOING GOAL OR NO
LONGER NEEDED

Sometimes it can be helpful to link some goals together if the steps to reach the goals can be met by one thing.

For Example:

Goal # 1, 3 and 4

#1: To get involved in community activities

#3: To socialize and start making friends

#4: To become healthier – diet and exercise

These goals are important to me because:

- I find it hard to make and keep friends because I get anxious and struggle to communicate
- I want to feel part of a group in my community as I very rarely leave the house because I need support to do this and feel isolated
- I have put on a lot of weight because of my medication and this makes me feel worse about myself. I want to get more confident about myself.

Steps I'll take to reach these goals and supports I need:

- Join a gym for 12 months – *will need a gym membership*
- Leave the house 2 times a week to attend – *will need a support person to pick me up and take me home every Tuesday/Thursday, 3 hours per day*
- Join a regular community activity group at the gym
- Talk to a person in the group/s
- Learn about exercise and diet at the gym

From joining these three goals together you are able to identify your local gym as a way of meeting all of these goals.

This then shows the planner that this may be a NDIS support that is reasonable (ticking of three goals for the price of one) and necessary (linked to your psychosocial disability in areas of Communication, Health & Wellbeing and Relationships/Social Inclusion)

The LAC planner can then discuss with you your goals and how they could be met (whether it is through the NDIS or by other means).

'Your goals need to be linked to your psychosocial disability - so be prepared to discuss this'

If you have contact with an occupational therapist, social worker or support worker, ask them for assistance in writing up your goals relating it to your psychosocial disability.

Check out the VMIAC website for the Health Practitioner Pamphlets – they also give an example of how things can be written up

By now you know what sort of documents and evidence you need to gather to take with you, you have your current goals and have assessed how they have been going, you have decided if some of these goals will need to continue into your next plan and you may have identified some new goals.

What's next?

You will need to decide how your plan is going to be managed. Your choices are:

1. Agency Managed
2. Plan Managed
3. Self-Managed

Agency Managed

This means that the NDIA will manage your plan and that only NDIS registered businesses will be able to provide the supports you need. The price lists (costs) for these supports can be found in the NDIS website (google NDIS Price Guide).

If you choose an Agency Managed plan, the NDIA will have complete control and responsibility for this.

Plan Managed

Your plan manager will basically help 'keep the books' for you; making the claims for services and paying the bills for the supports agreed in your NDIS plan. A plan manager can be chosen from a list of registered Plan Management Providers (list is available from the NDIS) or it may be a 'financial intermediary' such as you nominating a trusted person (third party). *If you opt for a registered plan management provider, make sure that the cost of this support is also included in your plan.*

The plan managed option allows you much more flexibility; as you can choose your support providers from all that are available, not just NDIS registered businesses.

Self-Managed

This means that you will manage the funds for your NDIS plan. If you choose to do this, you will need to draw up a budget to assist (and this can then be used as evidence for the next review plan meeting). *See appendix 1 for a budget layout sample.*

A self-managed plan offers the greatest flexibility but more responsibility. To do this, you will need a MyGov account set up to manage your plan.

TIP:

The plan managed or self-managed options make it easier to obtain funded services, especially if you are living in a regional



REMEMBER – YOU CAN ALSO CHOOSE A COMBINATION OF THE THREE CHOICES

Your plan will have three types of support budgets in it:

1. **Core Budget** (consumables, daily activities, assistance with social and community participation and transport)
2. **Capacity Building Budget** which will be linked specifically to your goals
3. **Capital Support Budget** (assistive technology, home modifications)

Your plan management is linked to the three budgets within your plan. An example of combining how you want your plan managed could look something like this:

Core Budget

Self - Managed

Capacity Building Budget

Plan Managed

Capital Support Budget

Plan Managed

TIPS:

You can take a support person to any meeting you have involving the NDIS. If the planning meeting is becoming too stressful, you can always ask to reschedule.

There may be a gap in funding your supports between plans so ask your current supports for strategies to deal with the in-between time and prepare yourself as much as possible for this

The NDIS website has loads of information, if you have time it is worth exploring

Keep an NDIS document folder that you can add to throughout the year as this will help you for future planning

It may be helpful to ask for an Occupational Therapy Assessment or any other disability related assessments to be included in your plan as they can be quite costly. These assessments will be useful to identify your needs and supports required for your next scheduled plan review and can be used as further evidence

Ask about Support Coordination in your planning meeting as support coordinators can assist you to find services that can meet your goals and needs

You can request an unscheduled planning meeting if your circumstances change dramatically

GLOSSARY

Psychosocial disability (PSD)	The way your life is impacted upon due to your mental health condition
Life Skills Profile (LSP-16)	Assesses abilities with respect to basic life skills Focusses on general functioning and disability Assessed against the previous 3 months
Health of the Nations Outcome Scale (HoNOS)	12 simple scales measuring <ul style="list-style-type: none"> • Behavior • Impairment • Symptoms • Social functioning Clinician rated Designed for 18-64yo age group Assessed against the previous fortnight
World Health Organization Disability Assessment Schedule (WHODAS 2.0)	Assesses disability levels and profiles across cultures <ul style="list-style-type: none"> • Cognition • Mobility • Self-care • Getting along (with others) • Life activities • Participation Designed for adults

Care Plans

There are 3 different types of care plans your doctor can prepare for you:

1. Mental Health Plan

- Doctor prepares plan
- Doctor writes referral
- Eligible for Medicare rebate for: 10 individual sessions
10 group sessions
- Can apply for this each year
- Doctor needs to conduct a mental health plan review after first 6 sessions and will then write another referral

The allied healthcare professionals this plan will allow you to see include:

Psychologists
Occupational therapists
Social workers

www.healthdirect.gov.au/mental-health-care-plan

Chronic Disease Management Plan

2. GP Management Plan (GPMP)

3. Team Care Arrangements (TCAs)

- A chronic medical condition must have been present for 6 months or longer
- Doctor prepares plan/s
- A person can have both chronic disease management plans if they have complex needs requiring treatment from 2 or more other health care providers
- Eligible for Medicare rebate for: 5 sessions

The allied healthcare professionals these plans allow you to see include:

Psychologists
Occupational therapists
Social workers
Physiotherapists
Speech pathologists
Podiatrists

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdisease-pdf-infosheet>