

## Planning Meeting

### Agenda

<b>Meeting:</b>	Planning Meeting	<b>Date:</b>	Wednesday, 10 May 2023
<b>Meeting No.:</b>	2/2023	<b>Time:</b>	4.00pm
<b>Chair:</b>	Jenelle Henry & Edwin Vandenberg	<b>Venue:</b>	Boardroom, Morwell Office

### In Attendance:

Bryan Leaf	Board Director
Deb van Rossum	Operations Manager
Debra O'Keefe	Board Director/Secretary
Edwin Vandenberg	Board Director/Chair
Jenelle Henry	Chief Executive Officer
Leisa Harper	Board Director
Lisa Kuhne	Senior Support Coordinator
Lora Moulton	Executive Assistant (Minute Taker)
Nicky Levey	Support Coordination Manager
Phil Drummond	Board Director
Robyn George	Board Director

### Apologies:

Marianne Fontaine	Board Director
Wendy Matthews	General Manager

Agenda No.	Subject
1.	<b>Welcome &amp; Introductions</b>  By Edwin & Jenelle

## Planning Meeting

### Agenda

Agenda No.	Subject
2.	<p data-bbox="288 600 823 633"><b>Matters For Discussion &amp; Decision</b></p> <p data-bbox="288 689 1086 723"><u>2.1 Correspondence from CEO Collaboration Group</u></p> <p data-bbox="288 779 1469 813">Appendix A pages 4 &amp; 5</p> <p data-bbox="288 824 584 857">Letter to Bill Shorten</p> <p data-bbox="288 913 1469 947">Appendix B pages 6 to 14</p> <p data-bbox="288 958 675 992">NDIS Annual Price Review</p> <p data-bbox="288 1048 1002 1081"><u>2.2 Explanations For Accommodation Options</u></p> <p data-bbox="288 1137 1469 1171">Appendix C Explanations For Accommodation Options pages 15 to 20</p> <p data-bbox="288 1182 1259 1216">Further information on accommodation options, provided by Jenelle.</p> <p data-bbox="288 1272 523 1305"><u>2.3 Planning</u></p> <p data-bbox="288 1361 1469 1395">Appendix D pages 21 &amp; 22</p> <p data-bbox="288 1406 1406 1473">Photograph of whiteboard at conclusion of Planning meeting held on 23 March 2023, from Edwin.</p> <ul data-bbox="288 1529 1066 2112" style="list-style-type: none"> <li>• Accommodation           <ul style="list-style-type: none"> <li>○ Multitude of options</li> <li>○ Could incorporate holidays</li> </ul> </li> <li>• Acquisition/merger           <ul style="list-style-type: none"> <li>○ Noweyung, but there could be other options</li> </ul> </li> <li>• Holidays           <ul style="list-style-type: none"> <li>○ Head away with Headway</li> <li>○ Providing a service, rather than real estate</li> </ul> </li> <li>• Allied health           <ul style="list-style-type: none"> <li>○ Hiring/renting out rooms to providers</li> </ul> </li> <li>• Employment           <ul style="list-style-type: none"> <li>○ Pathways to employment</li> <li>○ Services for skills and training</li> </ul> </li> </ul>

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## Planning Meeting

### Agenda

Agenda No.	Subject
	<ul style="list-style-type: none"><li>○ Business to provide employment</li><li>● Day service<ul style="list-style-type: none"><li>○ Care/respice for carers</li></ul></li></ul>

<b>Meeting Closed</b>	
Date:	Wednesday, 10 May 2023
Time:	.....

The Hon Bill Shorten MP  
Member for Maribyrnong  
Minister for the National Disability Insurance Scheme  
Minister for Government Services  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

Bill.Shorten.MP@aph.gov.au

20 April 2023

Dear Minister,

We, the undersigned, write to you to reaffirm our ongoing commitment to seeing meaningful quality and safety reform in the NDIS, by expanding registration requirements to ensure all providers of support work services are properly regulated.

As 38 registered providers operating primarily in Victoria, we know the benefits that registration brings to our business. We know it makes us better, and we know it is one important part of how we keep our community safe and keep ourselves accountable.

As you know, this is a view held by fewer and fewer providers. In fact, the latest Quarterly Report to Ministers revealed that in the plan managed space, fewer than ten percent of providers are registered – a trend that is moving backwards each quarter. This is unsurprising given the substantial gap in operational costs for registered and unregistered providers, paired with the declining commercial incentive of registration alongside shrinking numbers of agency-managed participants. This creates a two-tiered market with unsustainable competitive advantages for unregistered providers, which is leading to the risk of registered providers collapsing.

We know and value the principle of choice and control for all participants. We do not think it is unreasonable for choice and control to operate within the bounds of a strong, safe and regulated market. While we appreciate the Code of Conduct and what it aims to achieve, the reality is that (unlike registration audits) there is no proactive monitoring, nor reporting requirements, nor worker screening. Breaches of the Code rely entirely upon participants or their advocates firstly knowing the rules, being able to identify breaches, and having the capacity, time and confidence to make a complaint.

This is no way to run a multi-billion-dollar scheme. It puts participants in the invidious position of being both the consumer and regulator of their own support services. We believe that this quality and safeguarding burden must be taken off the participant exclusively and shared with the provider. To facilitate a simpler transition, we support a reimagined registration scheme, stripping out elements that have become onerous compliance requirements with little clear value to participants, and tiered to ensure small and sole trader providers are not subject to the same requirements as large ones.

We call on the government to reform how the NDIS is regulated and ensure all providers who deliver support directly to participants are subject to some degree of regulatory oversight, standards of practice and reporting requirements.

We welcome the opportunity to discuss this with you or your office further. Please contact Ms Lynette McKeown, CEO, Able Australia and Chair of the CEO Collaboration at [lynette.mckeown@ableaustralia.org.au](mailto:lynette.mckeown@ableaustralia.org.au), to arrange a meeting.

*Yours sincerely, on behalf of:*

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## NDIS Annual Price Review (“APR”)

The CEO Collaboration Group (“CEO Co-lab”) is a group of 108 registered organisations that aims to create a forum to stay abreast of latest sector developments, share and inform best practice, benchmark practice and shape sector developments and improvements.

As part of the APR data collection, members of the CEO Co-lab contributed to the Ability First and NDS financial benchmarking exercises. As such, we do not propose to duplicate this effort. We undertake to provide a collective Provider perspective.

The CEO Co-lab organisations have undertaken a Survey, declaring their Projected Year End (FY23) forecast. While it is too early to report the full results, the early indication is that only 31% are on track to deliver a profit and 49% expect to deliver a deficit. This is beyond deficits predicted in the NDS State of the Sector report (40% predicted a deficit in Vic and Tas / 36% across all states and territories) and speaks to the fragility of the sector and the increased costs of delivering services.

Providers are experiencing escalating costs in FY22-23, due to inflation, COVID and an increasing regulatory environment, setting a challenging year which will continue into FY23-24.

### General

There are many factors that continue to drive up expenditure across all NDIS funded items.

Over the twelve months to the December 2022 quarter, CPI rose 7.8%, the highest since 1990<sup>i</sup>. Significant price rises were seen in accommodation (+13.3%), household products (12%), housing (10.7%), electricity (+8.6%), rent increase across capital cities (av. 6.2%), and insurance (5%). All of these significantly increase the cost for NDIS Providers.

The further reduction of the Temporary Transformation Payment (“TTP”) in the current climate, with increasing costs, will be felt significantly across the sector.

The impacts of COVID, inflation, Quality and Safeguarding regulation and SCHADS Award changes are strong justification for the continuation of the 2% temporary loading, and TTP. Further evidence is provided in the body of the report, to support this.

COVID continues to have a lasting impact, increasing costs. The wider economic impacts are outlined above with increasing CPI. While there is a move to Business as Usual (“BAU”) and reducing costs, COVID costs continue to be prominent for organisations. Prevention and management processes, training, supply of PPE, high staff turnover (20% permanent, 28% - 38% casuals<sup>ii</sup>) and staff sickness / isolation all result in increased use of overtime and a casualised workforce.

- Across the sector, 37% of the workforce is casualised, an increase of 6% since Dec 2020<sup>ii</sup>. This is despite FWC regulation requiring a movement to permanency for casuals. Many organisations experienced an increase in casual workers, during and following COVID.
- Many providers saw an increase in overtime and use of agency staff due to staff sickness and workforce shortages. Once again, this increases the financial burden for Providers.
- Providers also report experiencing a significant increase in recruitment costs due to staff shortages and turnover.

**Registered Providers** are experiencing increased expenses related to **compliance and regulation**. In FY23, the Royal Commission and NDIS Commission strengthened the ever-important **quality and safety** agenda through, but not limited to:

- *'Own Motion Inquiry into aspects of supported accommodation'* with 8 actions including new practice standards and compliance with Disability Capability Framework.
- New practices standards:
  - o Mealtime management - 4 weeks' notice to implement.
  - o Emergency and Disaster management – 8 weeks' notice to implement.
  - o Severe Dysphagia – was effective immediately.
- Revised High intensity skill descriptors – approx. 4 weeks to implement.
- Reportable incident investigations and subsequent stand down costs remain high for providers (> \$200K Able Australia YTD). More in-depth reviews, with terms of reference set by the NDIS Commission, can cost providers \$50K to >\$100k per review. Audit costs are escalating and inefficient with multiple accreditation audits across sectors.
- Compliance requirements and maintaining registration: Biala Peninsula estimate the annualised cost of audit (which includes approved auditor cost, staff training and staff availability during audit) is \$26K per annum. We have seen an increase in compliance costs over the past 12 months with the transition to the new Child Safe Standards, increase in Child Safe notifications as well as the requirement to provide annual training to staff on privacy, incident reporting and complaints.
- Significant costs are incurred to have suitably trained Quality staff.
- NDIS Commission 'Requests for Information' that need responses within limited timeframes - recent Behaviour Support / Restrictive Practices.
- Royal Commission with a vast expanse of recommendations for providers to navigate and respond to. Note the Royal Commission is yet to deliver its final report.

Meeting the NDIS Quality and Safeguarding Commission requirements is a **costly exercise for Registered Providers** and is not recognised in the current NDIS Prices. There also appears to be no connection between new regulation and funding for managing these improvements.

In addition, **other significant regulatory** changes include Social, Community, Home Care and Disability Services Industry Award ("SCHADS") changes, FWC Secure Jobs Better Future.

We welcomed the EOFY22 *'Deed of agreement regarding additional costs'*, 3.7% paid to registered providers in recognition of the additional costs relating to COVID, Quality & Safeguarding requirements and SCHADS. We also welcome the temporary 2% uplift applied in FY23 in recognition of the substantial COVID and Q&SG costs. We would like to see a permanent pricing solution recognising the significant cost to Register Providers to comply with the Quality and Safeguarding agenda.

Changes to **NDIS administrative and compliance requirements** continues to be driven through Provider engagement and activities, contributing to corporate overheads:

- Annual price reviews.
- Increasing complexity related to de-bundling of prices (group & centre-based activities into non-face to face, face-to-face and facility cost). In a recent survey of 35 organisations in the

CEO Co-lab, 60% are yet to move to the new pricing model. We welcome the move to simplify SIL with the introduction of weekly claims.

- Implementation of PACE portal.
- NDIS Review with the final report due October 2023 and subsequent activities.

We welcome the NDIS statement provided in the APR March 2023, to '*examine options to simplify... the NDIS price ... to better support participants ... regulatory burden...on participants and providers*'.

FY23 has seen many Providers review their business models, to deliver **efficiencies** across all categories of expenditure including corporate overheads. Many Providers have or are planning to reduce back-of-house costs, cease services, and undertake acquisition and merger activities to drive down corporate overheads. The CEO Co-lab continue to work collectively to drive efficiencies and better outcomes:

- **Insurance Premiums** have increased by 5% according to ABS. Workers Compensation premiums are increasing and reportedly underfunded in the NDIS price cost models.  
The CEO Co-lab worked collectively to purchase insurance. With increased buying power, we achieved more cost effective and comprehensive insurance cover, through Jobs Australia.
- The CEO Co-lab have partnered with Deloitte to undertake a feasibility study into **shared ICT platforms and service models**. The aim is to reduce corporate overheads while increasing customer service and regulatory compliance in an increasingly complex regulatory environment. Deloitte's Foundation are providing a substantial grant to facilitate this.

## Employee Expenditure

In the December quarter 2022, the seasonally adjusted **Wage Price Index** rose 0.8% for the quarter and **3.3% over the year<sup>iii</sup>**, tracking towards a 10-year high.

We advocate for NDIS funding to be aligned to any **FWC decisions / WPI applied to the SCHADS Award** for FY24. Also, disability providers should not be disadvantaged by minimum wage price rise, which is proposed to be 15%, in the aged care sector. **Providers should not be left to fund any shortfall, given already slim/negative margins**. We note that many EBAs provide wage uplifts in excess of these amounts, providing mounting pressure on Providers in the current economic climate.

We request the full increase in the **superannuation guarantee** charge be funded.

COVID continues to impact providers with unprecedented **staff turnover**, reported between **28-38%** for casual staff<sup>iv</sup>. This greatly increases recruitment, on-boarding and training expenses. Training requirements for DSW staff working for registered providers is substantial. This, combined with turnover rates, continues to be an ever-increasing costly exercise for Providers.

## Supports delivered by DSWs

In summary, there is overwhelming feedback from the CEO Co-lab members that the assumptions for a Disability Support Worker according to the price model is too low.

- **Training for staff** - to meet regulatory training requirements, Able Australia provides 40 hours of on boarding and mandatory training per staff member, in addition to three buddy shifts. This equates to considerable unfunded hours in the DSW pricing model and is just



one example of DSW training across providers. This expense is greatly increased by COVID and further influenced by staff turnover and casualised workforce.

- **Intake and assessment** - the time to assess a client, develop an individualised plan and service model and negotiate a package for a client is under funded by the agency. In very complex client cases, this process takes time and requires financial investment. We estimate that assessment and preparation of a NDIS package in terms of staff time, costs in excess of \$500 that can be claimed if the person commences services. ERMHA report this is common for all exceptionally complex referrals it accepts with assessment requiring meetings with key stakeholders (such as The Police and emergency services, other service providers, the Guardian, hospital staff and other treating practitioners) as well as reviewing all documentation and reports to formulate an assessment of risk and need before a plan can be fully developed and costed for the agency.
- **The costs of quality and safeguards** - the costs associated with managing incidents, staff training, debriefing, etc are not covered in the unit cost. In addition, resources needed to support operations managing very complex and / or high-risk participants is also not included in the unit cost. This includes attending numerous / frequent care team meetings, additional reporting requirements, follow up with key stakeholders, community engagement, etc.
- We have seen numerous cases where the level of funding allocated for very high-risk clients transitioning to the NDIS has greatly reduced to a point where service provision is unsafe and unviable. It is unclear why packages proposed by qualified professionals have not been adequately funded. Reviews take significant time, and providers run the risk of over servicing a client if a review is not accepted. This can run into the tens of thousands of dollars, not being sustainable. Where a package is unviable from a quality and safety perspective, Providers have to consider ceasing service provision.
- **Increasing requirement for SIL Providers to take on Case Manager like-role** - this is a position unavoidable under the NDIS Commission rules and practice standards that Providers are forced to fund and hold in order to meet NDIS funding requirements. Case Management is defined as *'to assist clients ... to attain their identified goals. Key phases within the case management process include: client identification (screening), assessment, stratifying risk, planning, implementation (care coordination), monitoring, transitioning and evaluation. Within the case management process the Case Manager navigates each phase of the case management process (as applicable) with careful consideration of the client's individual, diverse and special needs, including aspirations, choices, expectations, motivations, preferences and values, and available resources, services and supports''*.
- The implementation of two hours minimum shifts under SCHADs award, has resulted in shifts of lesser length not being fully funded under the NDIS Price model. Providers are left to fund the shortfall or Participants are not able to obtain services under two hours. The minimum shift length also impacts training whereby Providers need to ensure they batch training into two hours packages.

## Therapy Supports

CPI currently sits at 7.8%, the highest in over 30 years, and therapy has not been in receipt of prior year NDIS price increases since 2019.

- **Increase cost to deliver Therapy supports:** Costs have significantly increased since the last price increase in 2019 (for Biala this has been 32%). Not only award / CPI and superannuation increases, but also market increases given the high demand for services (we

currently have as many clients on our waitlist as we have receiving supports) and low availability of Therapists (Occupational Therapy and Speech Pathology). Year-on-year since 2019, we have seen the biggest increase in the last 12 months. This has been due to:

- CPI increases of 4.6%;
  - reimbursement for travel increasing 15% (HPSS award);
  - 0.5% superannuation increase;
  - Ongoing impact of COVID on both workforce and clients without government support;
  - Salary expectation of Therapists is also driving up market cost:
    - Through our interviews we have seen a \$10K increase in the expectations of graduates over the past 12 months;
    - Opportunity for Therapists to operate as unregistered providers / independent contractors is also pushing up salary expectations;
    - Competition from other sectors such as Aged Care.
- Vic public health therapists are receiving a 2% year-on-year rise over the next three years. This is on top of prior year up-lifts. This may increase competition.
- Therapy pricing does not recognise the specialist skills and supervision requirements. Supervision is a mandatory requirement set by AHPRA and other professional bodies. This is a vital part of attraction and retention to the NDIS sector.
- The NDIS Commission recognise the need for workforce supervision and training, emphasising this theme in many recent publications:
  - 2023 NDIS Commission Behaviour Support Audit. Note many Behaviour Support Practitioners are Therapists;
  - There is also the application of skills matrix for high intensity; and
  - The Own Motion-supported accommodation resulted in an action to use the DSW Capability Framework across the sector.
- Therapy is a lean and constrained market. Availability to therapy favours middle to higher socio-economic persons able to afford assessments. This translates to receipt of reasonable and necessary NDIS plans. There is a need to rapidly resolve the supply and demand issues.
- A whole of government response is required to acquire and grow a sustainable therapy workforce to meet current future needs.
- We support more innovative rural and remote pricing models to secure resources in lean markets. The CEO Co-lab would be happy to consult on this.
- **The industry is seeing an increased presentation of families with multiple and complex needs.** This is particularly prevalent with the impact of COVID and financial pressures families are facing, with increases to cost of living and interest rates. At Biala, 69% of clients would be classified as complex, which requires a high level of responding to client crisis and disclosures (especially where disclosures come from a child). Many of these activities are not billable such as liaison with support co-ordinators, assisting with referrals to support family members (i.e. siblings) who are not on NDIS, responding to inquiries from other services involved with families, involvement in subpoenas and court cases or child protection referrals, attendance at case conferences/care team meetings/NDIS correspondence and meeting mandatory reporting requirements.

- Provision of supports in the child's natural setting vs medical model of care in a clinic-based setting: Biala is currently supporting 366 children and their families with a further 376 clients waitlisting for support. Given the age range of our clients, the therapy supports delivered by Biala Peninsula are predominantly delivered in the child's natural environment such as the home, Early Learning Centre or School. This aligns with the Early Childhood Support Module that each participant accesses supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life. Of the 366 children we are currently supporting 23% are supported in Early Learning Centres and 71% are supported in schools. Whilst the provision of supports in the child's natural setting is consistent with evidenced based best practice (e.g., Early Childhood Intervention Australia's national guidelines best practice in early childhood intervention) it is a much more inefficient way of delivering supports comparative to a more medical model of care in a clinic-based setting.
- What has been the main cost driver in delivering NDIS therapy supports over the past year? Is this different to the past few years? Abacus Learning reports an increased cost of wages from CPI on SCHADS award plus increase in superannuation, with no increase in price limits for 1:1 therapy in early intervention, which is the main cost driver. There has been no price increase for two years, yet the cost of running the service continues to increase. The second impact is the administrative cost of advocating for families to obtain appropriate NDIS funding to access the service. Many of our families have English as their second language and the work to obtain enough funding to attend our service 12 hrs per week on 1:1 basis for their autistic child is extreme. The resulting funding reviews and delays have led to high stress for the families who have to either pay out their own pocket whilst waiting for plans to be updated or reduce days of service or pull them out completely whilst waiting. This is happening to 10% of our families and we are spending a lot more time on assistance.

**Submission on behalf of CEO Collaboration Group  
13<sup>th</sup> April 2023**

<sup>i</sup> <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/latest-release>

<sup>ii</sup> [SoTDS\\_2022.pdf \(nds.org.au\)](#)

<sup>iii</sup> <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/wage-price-index-australia/latest-release>

<sup>iv</sup> <https://empathiagroup.com.au/a-deep-dive-into-ndis-staff-turnover-data/>

<sup>v</sup> <https://www.cmsa.org.au/about-us/what-is-a-case-manager>

Participating Organisations  
CEO Collaboration Group

	Organisation
1	[Redacted]
2	[Redacted]
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108	[REDACTED]

Nothing in the NDIS space. 10

ACCOMODATION 6

ACQUISITION/MERGER 4

Holidays 4

ALLIED HEALTH/therapy OT/Speech/NDIS 4

Employment for those with disability niche 3

Support for training to support employment pathways

Employment 3

Day Service 2  
Offer more services for clients & carers, i.e. day services

partnerships 7

GROUP SUPP YOUTH ENGAGEMENT 2

EQUINE THERAPY SERVICE ANIMALS 2

SHORT TERM ACCOMODATION 1

EQUINE  
Therapy  
VICE  
MAIS 2

Partnerships  
2

Holidays  
4

ALLIED  
HEALTH / para  
OT / Speech / Nurs  
4

ACQUISITION/  
MERGER  
4

ACCOMODATION  
b

SHORT TERM  
ACCOMODATION  
1

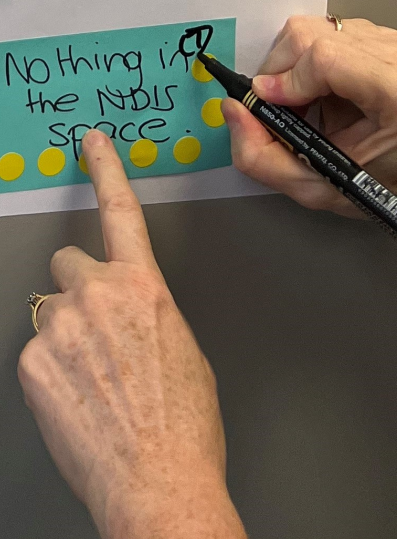
Employment<sup>3</sup>  
for those with  
disability niche  
Support for  
training to  
support employment  
Pathways

Employment  
3

GRO  
SUP  
YOUTH  
ENGAGEMENT  
2

Day Service  
2  
Offer more services  
for clients & carers,  
i.e. day services

Nothing in  
the NDIS  
space.





## Explanations For SDA/SIL/STA Under The NDIS Rules

What's the difference between SDA and SIL?

Basically, SIL covers the actual support services that can be received from a support worker, whereas SDA refers to the actual house that these services are delivered in.

SIL stands for Supported Independent Living, while SDA stands for Specialist Disability Accommodation.

While both SIL and SDA are different types of disability accommodation options, there are some big differences between the two.

### What Is Supported Independent Living (SIL)?

Supported Independent Living (SIL) provides you with support to help you live as independently as possible. If you have a disability, SIL can provide you with support if you are living alone or if you live with a group of people in a shared home.

Supported Independent Living (SIL) is one type of help or supervision with daily tasks to help you live as independently as possible, while building your skills. SIL is the paid personal supports. It includes things like having a person to help with personal care tasks, or cooking meals.

### Participants Eligible For SDA

- have an extreme functional impairment or very high support needs
- meet the specialist disability accommodation needs requirement and the NDIS funding criteria

More information about SDA and eligibility is in the SDA Operational Guideline.

SDA helps to stimulate the market to produce high quality, contemporary, accessible, well-designed housing for participants with SDA funding in their plan. SDA funding is paid directly to SDA providers to cover the building and maintenance costs. Participants pay a reasonable rent contribution and other day to day living costs such as electricity bills.

### What Is Short Term Accommodation?

It is important to understand that the cost of short term accommodation (STA) is included in the participant's NDIS budget and is determined by their individual needs and goals as outlined in their NDIS plan. The NDIS pays for STA based on the prices set in the NDIS Price Guide.

The NDIS STA Price Guide is crucial for NDIS participants, their carers, and providers as it helps us make informed decisions about the type of STA that is suitable and affordable for NDIS participants. By reviewing the NDIS respite rates, participants can identify the different options available and the cost of each, Short Term Accommodation, including respite, is funding for support and accommodation for a short time away from your usual home. It covers the cost of your care in another place for up to 14 days at a time and 28 days per year. You might have a short stay with other people, or by yourself

STA is not for housing crisis situations. STA can only be funded where the need relates directly to your disability. In situations where a crisis can occur, such as your carers suddenly can't care for you, or you're at risk of harm in your current home, the NDIA can help you work out the best option to meet your support needs and funding when your usual carers aren't available, or for you to try new things.

Item Number	Item Name and Notes	Unit	National	Remote	Very Remote
01_058_0115_1_1	STA And Assistance (Inc. Respite) - 1:1 - Weekday	Day	\$1,928.20	\$2,699.48	\$2,892.30

*Core - Assistance with Daily Life*

Item Number	Item Name and Notes	Unit	National	Remote	Very Remote
01_059_0115_1_1	STA And Assistance (Inc. Respite) - 1:1 - Saturday	Day	\$2,465.80	\$3,452.12	\$3,698.70
01_060_0115_1_1	STA And Assistance (Inc. Respite) - 1:1 - Sunday	Day	\$3,124.12	\$4,373.77	\$4,686.18
01_061_0115_1_1	STA And Assistance (Inc. Respite) - 1:1 - Public Holiday	Day	\$3,782.44	\$5,295.42	\$5,673.66
01_054_0115_1_1	STA And Assistance (Inc. Respite) - 1:2 - Weekday	Day	\$1,060.48	\$1,484.67	\$1,590.72
01_055_0115_1_1	STA And Assistance (Inc. Respite) - 1:2 - Saturday	Day	\$1,329.28	\$1,860.99	\$1,993.92
01_056_0115_1_1	STA And Assistance (Inc. Respite) - 1:2 - Sunday	Day	\$1,658.44	\$2,321.82	\$2,487.66
01_057_0115_1_1	STA And Assistance (Inc. Respite) - 1:2 - Public Holiday	Day	\$1,987.60	\$2,782.64	\$2,981.40
01_062_0115_1_1	STA And Assistance (Inc. Respite) - 1:3 - Weekday	Day	\$771.24	\$1,079.74	\$1,156.86
01_063_0115_1_1	STA And Assistance (Inc. Respite) - 1:3 - Saturday	Day	\$950.44	\$1,330.62	\$1,425.66
01_064_0115_1_1	STA And Assistance (Inc. Respite) - 1:3 - Sunday	Day	\$1,169.88	\$1,637.83	\$1,754.82
01_065_0115_1_1	STA And Assistance (Inc. Respite) - 1:3 - Public Holiday	Day	\$1,389.32	\$1,945.05	\$2,083.98
01_045_0115_1_1	STA And Assistance (Inc. Respite) - 1:4 - Weekday	Day	\$626.62	\$877.27	\$939.93
01_051_0115_1_1	STA And Assistance (Inc. Respite) - 1:4 - Saturday	Day	\$761.02	\$1,065.43	\$1,141.53
01_052_0115_1_1	STA And Assistance (Inc. Respite) - 1:4 - Sunday	Day	\$925.60	\$1,295.84	\$1,388.40
01_053_0115_1_1	STA And Assistance (Inc. Respite) - 1:4 - Public Holiday	Day	\$1,090.18	\$1,526.25	\$1,635.27

### NDIS pricing arrangements and price limits 2022-23

STA can be anywhere even in your own home, a motel or another place with other people.

It is not for emergencies or holidays.

Consideration not given in this brief outline

- How many participants have STA funding available that we currently support?
- How many people we support that use STA?
- How the emergency or crisis needs of individuals are met if not through this mechanism.
- This funding is not allowed for holidays what can be used for holidays

The NDIS can fund:

- Short-term accommodation  
This is funding for when you need care and a place to stay for a short time, away from your usual home. It covers all costs in another place for up to 14 days. It could be a short stay with other people, or by yourself. It's often funded to help you try new things or when your usual carers are not available for a short time and may include a period of respite with the aim of supporting your carer to provide ongoing care at home. Short term accommodation funding is not for crisis accommodation or to avoid homelessness.

- **Medium-term accommodation**  
This is an interim option you might receive if you are waiting for your confirmed long term housing option to be available or home modifications to be completed. Medium term accommodation can be used for up to about 90 days. Medium term accommodation does not include funding for personal care or other daily supports.
- **Home Modifications**  
This includes changes to the structure, layout or fittings of your home, so you can safely access it and move around comfortably in areas you frequently use.
- **Assistive Technology**  
This is equipment or systems which help you move around your home or community, communicating with other people, processing information, and other daily tasks. More information about home modifications and assistive technology is available on the NDIS website.
- **Supported Independent Living**
- **Individualised Living Options (ILO)**  
This is not housing, but a type of funding to help you design and put in place a living situation that suits you best, in a home and with people of your choice.
- **Assistance with Daily Living**  
This is not housing, but a range of funding types to help you with day-to-day things like personal care, cooking, shopping or mowing the lawn. You might receive this funding as well as other types of NDIS funding.
- **Supported Independent Living (SIL)**  
SIL is the assistance with daily living supports for participants who generally live in shared accommodation with higher support needs.
- **Specialist Disability Accommodation**  
This is housing designed for people with very high support needs, who need a specially designed house with features like modified bathrooms and kitchen, wider doorways, or built in hoists. Participants live in a purpose-built home that meets their needs. Specialist Disability Accommodation funding is for the building (sometimes called 'bricks and mortar') and is not for in home care or person to person supports. In the case of Specialist Disability Accommodation, the NDIS will provide funding but not buy a house or pay rent for participants. More information about Specialist Disability Accommodation is available on the NDIS website.
- **Supported Independent Living (SIL)**

But the NDIS doesn't fund or provide:

- **Your new home**  
Normally, housing (like rent or buying a home) is paid for by individuals or community housing provided by state or territory governments. A place to live when moving out of hospital or the justice system. Your NDIS plan can make sure you have the funding you need to live in the community. The NDIS does not fund crisis accommodation or other accommodation to avoid homelessness. You will need to work with your LAC or Support Coordinator to implement these supports and you might also work with the State or Territory Government to access public housing. More information about housing is available on the NDIS website.

Rates are impacted by:

- **The time of day**  
(e.g. afternoon and evening shifts are more expensive than day rates)

- Ratio of workers to residents  
(e.g. a resident who requires 2 support workers will have to pay more than a resident who can share 1 support worker with other residents)
- Public holidays and weekends cost more than standard weekdays
- Area  
(e.g. remote and very remote areas cost more than metropolitan areas)
- Needs of residents  
(e.g. someone with complex and high needs will have to pay more for service than someone with straightforward support needs)

Rough guide to rates:

- Short term accommodation (STA) or respite has a standard daily rate that averages at around \$1800 per day depending on the factors above
- Supported Independent Living (SIL) has an hourly rate for support work that starts at around \$56 per hour and increases to \$350 depending on the factors above
- Medium Term Accommodation (MTA) costs between \$130 and \$194 per day depending on the factors above

#### Hourly Pay Rates For Support Workers

- The rates below are for all shifts 2 hours or longer. Tax is deducted automatically from pay.
- **Weekdays (Monday - Friday)**
- Description
- Hourly pay

Description	Hourly pay
<b>Weekdays</b> 6:00am to 8:00pm	33.80\$ <b>33.80</b> +\$3.55 super
<b>Weekday Evenings</b> 8:00pm to 12:00am	37.20\$ <b>37.20</b> +\$3.91 super
Any weekday shift ending after 8pm will be charged at the evening rate for the whole shift in accordance with the SCHADS industry award.	
<b>Weekday Nights</b> 12:00am to 6:00am	37.85\$ <b>37.85</b> +\$3.97 super
<b>Public Holidays</b> Any Time	74.36\$ <b>74.36</b> +\$7.81 super

- **Weekends**
- Description
- Hourly pay

Description	Hourly pay	
<b>Saturdays</b>		46.93\$ <b>46.93</b>
Any Time		+\$4.93 super
<b>Sundays</b>		60.47\$ <b>60.47</b>
Any Time		+\$6.35 super
<b>Public Holidays</b>		74.36\$ <b>74.36</b>
Any Time		+\$7.81 super

- **Sleepovers**
- A sleepover booking goes for 12 hours, it's made up of 8 hours of sleep and 4 hours of support before and/or after sleeping. During the 8 hours of sleep, there is no expectation of being woken (but the overnight rate does include up to one hour of assistance where required during the night).
- The sleepover rates below reflect the 8 hours of sleep (including 1 hour of assistance during the night) plus 4 hours of support during the day (as an example cost of a 12 hour sleepover booking). On weekdays, rates change according to time of day, so please refer to the pdf below to work out the exact rates for the additional 4 hours of support you book.
- Find out more about [how sleepover bookings work](#) and [how Hireup bookings are charged](#).
- Description
- Approx pay

Description	Approx pay	
<b>Weekday Sleepover</b>		234.98\$ <b>234.98</b>
Overnight		+\$24.68 super
Includes 8 hours of sleep + 4 hours of support before and/or after sleep		
<b>Saturday Sleepover</b>		287.50\$ <b>287.50</b>
Overnight		+\$30.19 super
Includes 8 hours of sleep + 4 hours of support before and/or after sleep		
<b>Sunday Sleepover</b>		355.20\$ <b>355.20</b>
Overnight		+\$37.30 super
Includes 8 hours of sleep + 4 hours of support before and/or after sleep		
<b>Public Holiday Sleepover</b>		424.65\$ <b>424.65</b>
Overnight		+\$44.59 super
Includes 8 hours of sleep + 4 hours of support before and/or after sleep		