

Justice Health NSW Procedure

Custodial Mental Health Assertive Care NDIS Procedure

Issue Date: 28 March 2024

Custodial Mental Health Assertive Care NDIS Procedure

Procedure Number 6.140

Procedure Function Continuum of Care

Issue Date 28 March 2024

Next Review Date 28 March 2027

Risk Rating High

Summary This procedure outlines the processes required to support a patient in a Justice Health and Forensic Mental Health Network (Justice Health NSW) Custodial Mental Health Assertive Care to gain access to the National Disability Insurance Scheme (NDIS).

Responsible Officer NUM1, Mental Health Screen Unit

Applies to

- ☐ Administration Centres
- ☐ Community Sites and programs
- ☒ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☒ Long Bay Hospital
- ☐ Forensic Hospital

CM Reference PROJH/6140

Change summary

- Changes in roles and responsibilities
- Changes in referral criteria
- Changes in documentation criteria
- New template for sending the access evidence to the NDIS developed
- Process changes for Proxy Evidence of Identity Form
- Guidance for when further evidence is requested by the NDIS
- Planning meetings information
- Name change

Authorised by Service Director, Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1	October 2021	6.140 Custodial Mental Health Hub Area National Disability Insurance Scheme Procedure	First issue
2	April 2022	6.140 Custodial Mental Health Hub Area National Disability Insurance Scheme Procedure	Change of name to CMH Hub Area NDIS Procedure Updates to some processes. Hyperlinks updated
3	April 2024	6.140 Custodial Mental Health Assertive Care NDIS Procedure	Changes in roles and responsibilities Changes in referral criteria Changes in documentation criteria New template for sending the access evidence to the NDIS developed Process changes for Proxy Evidence of Identity Form

			Guidance for when further evidence is requested by the NDIS Planning meetings information Name change
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PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.
Always refer to the electronic copy for the latest version.

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2. Preface

This procedure outlines the processes required to support a patient in a Justice Health and Forensic Mental Health Network (Justice Health NSW) Custodial Mental Health Assertive Care area to gain access to the National Disability Insurance Scheme (NDIS).

To be eligible for NDIS funded supports a person must meet the requirements in the [National Disability Insurance Scheme Act 2013](#). These occur in Chapter Three, Part One, and Sections 22 – 25.

When completing and supporting a patient's NDIS application there is a requirement to use deficit and permanent impairment focussed language that can seem at odds with a recovery focussed approach. This is because NDIS access assessors must directly follow the language used in the legislation. Once a person has met the NDIS eligibility requirements, the focus shifts to a more recovery and goal-oriented approach.

Whilst a clear diagnosis is helpful, it is not essential. The most important aspect is that the person has a disability. It is important to understand that the condition and the disability are not necessarily the same thing. For example, not all people with a diagnosis of Schizophrenia or who have had a stroke have a substantial and permanent disability as a result of their condition. The focus of the NDIS is on the person's functional disability.

3. Procedure Content

3.1 NDIS key contacts

Justice Health NDIS contacts:

For any NDIS questions or challenging issues please contact our internal support service via email: [REDACTED]

This email is also the primary contact for escalating concerns or any other questions when dealing with the NDIS (I.E. Patients rejected as ineligible or requiring additional information; Planning meeting challenges; or Support Coordinator difficulties).

Justice Liaison Officers (JLOs):

Justice Liaison Officers (JLOs) are NDIS staff who are employed to be a resource for Justice Health NSW staff and Corrective Services/Youth Justice staff and can be contacted via email: [REDACTED]

Contact a JLO if you want to:

- check if a person is already a NDIS participant;
- send an NDIS application;
- check how an access request is progressing;
- get a copy of a patients NDIS plan; and
- Find out who a patients' NDIS funded support providers are and whether providers are engaged with the patient.
- Seek feedback about NDIS applications/unsuccessful/discuss participant concerns/services?

3.2 Part One: Accessing the NDIS.

At the patient's Multidisciplinary team (MDT) meeting/ ward rounds, the MDT must discuss the patient's eligibility to the NDIS scheme. The Nursing Unit Manager (NUM) is responsible for ensuring that this is discussed at this meeting or the earliest possible review process.

Who is likely to be eligible?

- Must be under 65 years old at the time of the application;

- Be a permanent resident (PR visa holders) of Australia;
- Most applicable – a person with long term major mental illness due for release within next 12 months; or
- Also consider people with longer sentence if this will be their best opportunity to access the scheme (including people approaching age 65).

Application Process

- The NUM, in consultation with the Clinical Support Officer (CSO)/Administration Officer (AO), will coordinate the completion of the application process and has responsibility to ensure and follow up all components of the application process with the MDT.

Step 1: Information and Consent

- Each patient should have their eligibility for NDIS discussed and suitable patients identified by the treating team during ward rounds or after individual assessment. This discussion/decision must be documented in the patients' health record, including reasons why NDIS may not be appropriate.
- After each ward round, a member of the MDT should be allocated to inform the CSO/AO and NUM via email, whether a patient should be considered for a NDIS application. The CSO/AO or NUM will capture this information on the NDIS Tracking Spreadsheet for the relevant Assertive Care area.
- Post ward round, the NUM must allocate a nurse to discuss this option with the patient and provide them with the information sheet "What is the NDIS".
- Where a patient provides consent for an application to be completed the allocated nurse must get the patient to complete the Consent Form and send it to the CSO/AO for uploading into JHeHS. The CSO/AO or NUM will also update the NDIS Tracking Spreadsheet.

Guardianship note: *The NDIS is a voluntary scheme. For patients under guardianship for the 'Services' function, their appointed guardian is required to provide this consent. Please ensure this is obtained and recorded in JHeHS prior to completing the below steps. A guardian may be able to make the decision on behalf of a patient declining NDIS, if they believe that this is in their best interest.*

Step 2: Access Request Form (ARF)

1. Where a patient or appointed guardian consents to a NDIS application the CSO/AO must complete an [Access Request Form \(ARF\)](#) for this patient and forward to the NUM via email. A video tutorial on how to complete the ARF is available on the [Intranet](#).
 - Complete Part A and Part B (pages 2-3).
 - If there is any likelihood that you will not be a continued point of contact for this patient, in Part C (page 4) select 'Do not contact me directly. Instead, contact:'
 - Select 'Other (please specify):' and record the email address [REDACTED]
 - This is the central inbox for all NDIS applications in Justice Health NSW.
 - DO NOT complete the table on pages 6 – 8. On page 6 tick the box: 'Providing us with copies of reports, letters or assessments from your health or education professional detailing your (or your child's) impairment and the impact it is has on daily life'.
2. The CSO/AO will send the document to the nurse looking after the patient to ensure that page 9 of the document is completed, signed by the patient, and returned to them via email and Cc the NUM.

Step 3: Proxy Evidence of Identity Form

In the community, 100 points of ID is required for all NDIS applicants. The Proxy Evidence of Identity form is utilized for those in custody, to confirm known identity information in lieu of this. The form is to be completed by staff as per local procedure, directed by the local NUM.

Additionally, please note the high importance, as xxx may be released from custody on (place ERD here).

Regards

Include signature block of person sending email to identify that they are a staff member of Justice Health NSW.

The NUM or their delegate should record in JHeHS progress notes, the date that the application is sent in.

IF URGENT:

If an urgent decision is required, they can respond within 48 hours.

Complete all the steps above. In addition:

- When sending the email put the following into the subject line of the email: add 'URGENT DECISION REQUIRED' to the subject line.
- In the body of the email identify why an urgent decision is required. EG Mr. Smith is due for release on DATE. He is in urgent need of disability support in order to be able to function in the community.

If further evidence is requested:

If the NAT request further evidence before making a decision, this request should be discussed with the treating team, the JLO and NDIS supports within Justice Health (this could include the NDIS Mental Health Officer or the Manager Disability Strategy and Inclusion).

It is not recommended that the NDIS Further Evidence form is completed. It is recommended that the treating psychiatrist (or other appropriate Justice Health staff member) write a short letter outlining the specific areas of further evidence requested by the NDIS.

If the patient is found ineligible for the NDIS:

If the patient is considered to be not eligible then the CSO/AO is to inform the MDT and this will be documented in JHeHS during ward rounds.

If the MDT disagree with the NDIS decision, it can be appealed. This should be discussed with the treating team, the JLO and NDIS supports within Justice Health (this could include the NDIS Mental Health Officer or the Manager Disability Strategy and Inclusion).

The MDT may also consider whether a new application should be considered at a future time, for example if further evidence becomes available or if the patient's disability becomes more severe. This information should be documented in patient notes.

3.3 Part Two: NDIS Participants

Patient is eligible for the NDIS

1. Once the patient has been accepted on to the Scheme, the NUM will ensure that a PAS alert as 'NDIS Participant' is created. In the comments sections write 'NDIS Number 0000000 – Psychosocial disability' (or psychosocial and cognitive disability for ID/MH). The PAS alert may be placed by a CSO/AO or the appropriate Nurse/Case manager, and a note should be placed in JHeHS.
2. The CSO/AO must inform the MDT on the confirmation about the patient being accepted into the scheme and this will be documented in JHeHS during ward rounds.
3. Following the confirmation email of acceptance of a patient into NDIS the CSO/AO will receive another email from NDIS with the proposed planning meeting date and time from Participant Support Officer (PSO).

For patients with existing NDIS plans:

1. The NUM allocates a nurse to obtain signed patient consent to liaise with NDIS. For patients under guardianship for the 'Services' function, their appointed guardian is required to provide this consent. Please ensure this is obtained and recorded in JHeHS.
2. Once consent has been granted, the CSO/AO must contact the JLO and ask for a copy of the patient's NDIS plan and the contact details of any support providers, including the Support Coordinator.
3. Once the NDIS Plan has been received, the CSO/AO must upload to JHeHS under 3. Clinical Correspondence: NDIS Plans, and forward to the MDT.
4. The MDT must liaise with the Patients Support Coordinator during the patient's assessment, treatment, and discharge phases of care. The Support Coordinator is a key link to transition planning, and ensuring information is passed along for continuity of care.

Planning Meetings

As a general principle, the goal should be that patients who need assistance are supported with both pre-planning preparations and in a NDIS planning meeting. Resource limitations may mean that this is not always possible.

If services such as CTT, CCMC, Parole etc are involved with the patient they should be informed of any planning meetings.

If there are difficulties with booking the planning meeting or liaising with the planner, the JLOs can be contacted for support and assistance.

New NDIS Participants:

1. When notified of the planning meeting, the party receiving this correspondence will ensure it is sent to both the NUM and Crisis Mental Health Manager and placed in the client record system (JHeHS).
2. Crisis Mental Health Manager and NUM are to ensure this is discussed at the next MDT, to determine if the individual had particular circumstances that would require a support person to be in attendance with them in the meeting. If deemed necessary, this will be allocated to the party most suited to the particular needs of the patient. In this conversation, both parties may discuss any important information that should be passed along to the NDIA, prior to the first planning meeting (e.g., if Justice Health have any information about the impact of their mental health on their disability, if a referral to Community Mental Health or a FCTO is planned, medication information, etc).
3. SAPO or Nurse to assist with the pre-planning conversation with the patient, prior to the first meeting. Any goals, preferences or needs (for supports in the community and meeting facilitation) should be documented and sent to the Justice Liaison Officers, with a request for the planner to read it prior to the planning meeting.
4. There are Getting ready for your NDIS Planning meeting forms found in Appendix 5 for patients and staff. Where possible, use the staff version to assist the patient to prepare for their meeting.
5. Send copies of the completed version to [REDACTED] prior to the meeting.

Existing NDIS Participants:

1. Support Coordinator to complete pre-planning and attend meeting.
2. When notified of the planning meeting, the party receiving this correspondence will request through the Justice Liaison Officers, that the support coordinator attends and provides support.
3. SAPOs will confirm with the participant if they are comfortable with their support coordinator supporting them with this.
4. Justice Liaison Officers will ensure that the support coordinator knows how to make contact with both JH and CS services, if they would like an update from either team on custodial circumstances prior to the meeting.
5. There are Getting ready for your NDIS Planning meeting forms for patients and staff. Where possible, use the staff version to assist the patient to prepare for their meeting.

6. Send copies of the completed version to [REDACTED] prior to the meeting.

After the planning meeting contact the JLO for a copy of the plan. It should be available seven days after the meeting. Once the NDIS Plan has been received the CSO/AO must upload to JHeHS under 3. Clinical Correspondence: NDIS Plans and forward to the MDT.

Link to Support Coordinator

Patients should be supported to have contact with their Support Coordinator. The most appropriate member of the MDT can assist with this. Support Coordinator information should be found in JHeHS notes. If not up to date or not available, contact the JLO for assistance.

The MDT must liaise with the Patients Support Coordinator during the patient's assessment, treatment and discharge phases of care. The Support Coordinator is a key link to transition planning, and ensuring information is passed along for continuity of care. Where the patient is due for release, the treating team must ensure the Support Coordinator and any other funded services are part of the discharge planning process.

Handover

If the patient leaves a CMH Assertive Care area before the full NDIS process has been completed, the NUM/ MDT must ensure that a handover has been provided to the receiving Correctional Centre's NUM/ MDT or community as part of the discharge planning process. This should be detailed in the Release Summary and Transfer of Care document. The JLOs should also be informed.

Unexpected Release

For patients who have an unexpected release, the NUM/MDT must ensure that a handover to their support coordinator is actioned as soon as practicable. This will allow someone to locate and follow-up with the patient in community, to assist with timely service linkage. The JLOs should also be informed, to ensure the patient's care is not impacted by this transition.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Legislations

[National Disability Insurance Scheme Act 2013](#)

Justice Health NSW Policies, Guidelines and Procedures

[1.075](#) *Clinical Handover*

[1.170](#) *Mandatory Notification for Life Limiting Illness and Permanent Disability*

[4.030](#) *Requesting and Disclosing Health Information*

Justice Health NSW Forms

NSW Health Policy Directives and Guidelines [PD2017_001](#) Responding to Needs of People with Disability during Hospitalisation

Other documents and resources [NDIS About Us](#)
[NDIS Access Request Form \(ARF\)](#)

5. Appendix

5.1 NDIS Forms and Documents

[What is NDIS?](#) For Patients

[What is NDIS?](#) For Staff

[NDIS consent form](#)

[ARF draft](#)

[Evidence letter](#) (format/ draft) Female

[Evidence letter](#) (format/ draft) Male

[Email to NDIS for Application Submission](#)

[Email to NDIS Justice Liaison Officer](#)

[LSP-16](#)

[Proxy Evidence Of Identity Form](#)

[Getting ready for your NDIS planning meeting](#) For Patients

[Getting ready for your NDIS planning meeting](#) For Staff