



Multicultural Disability Advocacy Association of NSW

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National Disability Insurance Scheme (NDIS) Annual Pricing Review Submission

Multicultural Disability Advocacy Association (MDAA) is the state-wide peak disability advocacy service in NSW which specialises in supporting people with disability and their family members from culturally and linguistically diverse (CaLD) backgrounds. MDAA offers a variety of services including individual and systemic advocacy, NDIS appeals, Disability Royal Commission (DRC), and aged care navigation (EnCompass) and capacity building projects. As a disability advocacy organisation, MDAA is not an NDIS provider. Rather, MDAA's diverse consumers include NDIS participants and non-NDIS participants experiencing a range of systemic and personal issues. In this evidence-based submission, MDAA consulted their consumers who are current NDIS participants and observed that their views often mirrored the findings from the cited literatures below.

MDAA was concerned with the effects of high NDIS service charges on NDIS participants from CaLD backgrounds, and the added issues caused by the Temporary Transformation Payment (TTP). Coupled with the rising cost of living, NDIS service charges were far higher than what they needed to be. By basing prices on the NDIS price guide, registered services were able to charge significantly more than the average market price to provide support services (Dickinson 2022) (Lavelle 2023).

It was noted that the NDIS annual price reviews were passed on to NDIS participants by service providers. That is, when increased prices were presented in the annual price review, service providers adopted the charge as what was recommended by the National Disability Insurance Agency (NDIA or the Agency), therefore increasing the price of their services accordingly (Hireup Australia 2021). However, this NDIS recommended price did not always reflect the true market price, often presenting marked up prices (Hireup Australia 2021) (Dickinson 2022). This undertaking of the full NDIS recommended charge can be understood from a market model perspective. However, when providing essential services to people with disability, profit should not be the main driver. The trend of service providers maxing out the participant's funding for their [provider's] own financial gain was increasingly evident, leaving little to none for other

participant's needs.

It had been shown that service providers will seize the opportunity to charge the maximum amount allowable by the NDIS (Dickinson 2022) opening the way for exploitation of participant funding. Labelled the NDIS markup, it was highly problematic because it often led to a faster depletion of funds for the participants, therefore not allowing them to access other services or increasing the barriers to access. This was particularly distressing for NDIS participants and their family members from CaLD backgrounds and left them feeling dissatisfied with the scheme. Many perceived that they were taken advantage of, exploited, or felt distraught that they did not understand the fees their service providers were charging.

MDAA consumers and advocacy professionals viewed TTP as a hidden charge, because NDIS participants were left unaware of the implementation of TTP. According to a resource published by MyCareSpace, the TTP was described as an additional cost to assist providers in their transition to the NDIS (MyCareSpace, n.d). As published in the NDIS Pricing Arrangements and Price Limits 2022-23 (NDIS 2022), the TTP charge was set at three per cent higher than the standard price limit (NDIS 2022). Additionally, the conditions set by the Agency for services to access the TTP were extremely simple, and the eligibility criteria was low, giving access to services who published and made available their service prices, listed business contact details in the Provider Finder, and took part in a Financial Benchmarking Survey. This extremely low threshold of eligibility made service markups easy and readily available to all services, allowing them to charge and claim the added three per cent with little to no notice given to NDIS participants. Over the course of twelve months, this miniscule upcharge would have accumulated, therefore, costing NDIS participants hours' worth of services.

NDIS participants were unaware of the existence of a TTP price due to the omission of such in their NDIS plans. The standard price limit set within the NDIS participant's plan gave no reference to the possible inclusion of the TTP, misleading participants into the belief that there cannot be an increase in prices. Where the Agency encouraged participants to negotiate with service providers and 'shop' for alternatives, it failed to acknowledge that for many there may only be one viable option particularly in rural regions. Participants from CaLD backgrounds also face multiple barriers, including language and cultural barriers and a lack of navigational knowledge and skills, which made it extremely challenging to exercise 'choice and control'. In such instances, engaging in negotiations may not be possible nor feasible leaving the participant no choice but to incur the charge.

Overcharges were particularly distressing for NDIS participants from CaLD backgrounds as it was often coupled with a lack of accountability from service providers. Information was not relayed to participants in a culturally sensitive manner and was often untranslated leaving the participant and their family members unaware of changes to pricing, how the service determines prices, and other associated complexities. A lack of use of translating services such as the National Translating and Interpreting Service (TIS) often meant that CaLD participants' right to access information was denied, and their right to crucial information necessary for an informed decision-making was overlooked.

In addition, many participants of NDIS support services did not have a clear understanding of cancellation policies and fees which were often too complex for a participant from a CALD background to understand. When language and cultural barriers exist wherein participants may

not fully understand complexities such as the pricing of services and cancellation fees, it made them more susceptible to being overcharged, and taken advantage of. In certain cases of cancellation of services, NDIS participants continue to be charged for services which were no longer being provided.

One MDAA consumer shared their experience as an NDIS participant needing advocacy support. She had terminated her contract with one of her NDIS providers. However, she discovered that she was still paying for a service which was not being delivered. There was little to no clarification on the service's cancellation policies, which misled her to believe that a simple message to her support workers was sufficient in completing a cancellation of services. Following this, support workers were no longer provided for the participant, leaving her unsupported but charged for approximately four months. The lack of transparency and communication between the NDIS provider and the participant created intense feelings of mistrust and dissatisfaction in the system, a system which was ironically created to improve the overall quality of life of people with disability. Through the perspective of this participant, she had been taken advantage of due to her lack of understanding of English, cultural barriers, lack of knowledge about the service's policies and lack of skills in asserting her rights, and the failure of the service to adequately and effectively communicate cancellation standards and policies.

Another dissatisfaction from NDIS participants from CaLD backgrounds relates to the minimum payment for casual home care employees. This minimum payment has risen from one to two hours as stated in the Social, Community, Home care and Disability Services Award (July 2022) (SCHADS Award) (Fair Work Ombudsman 2022).

In practice, many participants receiving NDIS support services often preferred an hour of support work for a particular service per week such as house cleaning to better maximise their funds. Issues arose when funding for services such as house cleaning were limited. For example, the participant's funding allowed for two hours a fortnight of cleaning services, however, due to increase in minimum payment, they were forced to use four hours and consume their funding in a shorter amount of time.

It was imperative to note that the SCHADS Award stated that this change did not require employees to complete a minimum two-hour shift (Department of Health and Aged Care 2022). Several MDAA consumers shared their experience as NDIS participants where a support worker would have completed the agreed upon work within an hour and a half, but the participant was charged for the full two hours. Many would view this as a service overcharge, but this issue often signifies other underlying issues such as a lack of clarity of expectations for both parties. This especially affects participants who may only have access to one service for a particular area of support. There may be no other service options available to them who can provide more efficient services. For example, there may be a lone service in the area who may be doing a minimum of three-hour service. With no other services available to the participant, the three hours would have been charged even though the need for the service only required two hours or one hour.

The NDIS pricing limits set industry standards on service charges. However, due to the nature of the guide setting only the maximum, service providers were only charging the maximum. Given the swift rise in cost of living, these maximum charges were only increasing the burden on NDIS participants from CaLD backgrounds to maintain their health and wellbeing and receive continuous and reliable support.

MDAA recommends that the annual pricing review considers the needs of NDIS participants from CaLD backgrounds who experience numerous barriers and disadvantages compared to other NDIS participants, as described in this submission. MDAA further recommends that more time and effort be invested by the NDIA to provide services and participants education on rights to access in a culturally responsive manner and be available in various community languages to ensure better understanding of the NDIS system.

More work needs to be done in educating CaLD participants of their rights to NDIS services for them to better understand the pricing system and really the whole gamut of service provision. Only then can they learn to manage their funds effectively and use it efficiently.

For more information, please contact Marwah Almomani, Disability Royal Commission Advocate.

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